

Nicole Bunte

Honors English Thesis

12 May 2017

Fearing the Unknown: Mental Health in Current Day America

“She had persistent thoughts that were inappropriate. She could not ignore or suppress these thoughts, which made her anxious. To reduce and prevent this anxiety she developed compulsive behaviour. Together, the obsessions and compulsions took up so much time and caused such distress that they disrupted her life.”

The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought (Adam Ch. 1)

“I'm seeing black clouds. Spinning. Swirly. The clouds where last Saturday should be. Pain pokes at my temples and I stop because I have to stop trying to remember because I promised and once I promised so hard the clouds came and now I think it might put knives through my brain if I quit forgetting. Sometimes I don't know what I'm remembering instead of dreaming or dreaming instead of remembering...”

Freaks Like Us (Vaught 46)

Throughout American history, the issue of mental health has ebbed and flowed with importance and acceptance. Even though there is a consistent record of mental illness in history, stigma toward those with mental illnesses seems to also be a constant throughout history.

Records of insanity, mental asylums and institutions, developing psychology, government ordinances and more permeate American history and help give a foundation in which to assess the progression of society's attitudes toward mental health. In addition to searching through this history, one can also observe these changes of the depiction of mental illness in literature to help us understand why we view mental illness in specific ways. Due to its continual eminence, it is a curious fact that mental illness is often ignored, not understood or discriminated against. This introduction precedes a fictional story about those afflicted with mental illness, ways in which they are treated and ways in which some negative symptoms are attributed to mental disorders, but actually stem from other characteristics. The story will delve into how current culture addresses specific mental illnesses and stigmas associated with them. Moreover, this introduction will delve into the evolution of mental illness and will try to uncover the reasons why society views mental illness in certain ways. Through this search and analysis of history, literature and other theories, it becomes evident that while many Americans accept and help those who have mental illness today, there still exists a sense of discrimination against these individuals that stems from an intense fear of the unknown.

In order to begin understanding the implications surrounding mental health in current society, it is essential to gather a synopsis of knowledge of America's background in mental health. While mental illness existed in America earlier, it did not become common until the 17th century when mental illness started to be recorded and labeled in America. From the beginning of the 17th century until the mid-19th century, most cases of mental illness were seen as hysteria. One of the first instances of mental illness in American law was a Massachusetts statute that "ordered authorities to take care of distracted people who were unruly" (Torrey and Miller 193-94). The government began creating workhouses and hospitals for those who were considered

“distracted.” During this time period, people considered mental illness to be an insanity caused by sin and believed mentally ill people to be “agents of the devil often subjected to violent outbursts attributed to satanic possession” (Torrey and Miller 195). The most famous example of this is the Salem Witchcraft Trials of 1691 through 1692 where people who seemed mentally ill were accused of being witches and were then hunted by the townspeople. During the trials, 19 people were executed, two people died in prison and one person died from torture (Torrey and Miller 194-95). In the beginning of the 1800s, there were issues of those with mental illness facing horrifying conditions due to overcrowding in hospitals and asylums due to the imprisonment of many of these people with mental illnesses. In addition to the public’s maltreatment of those with mental illnesses, the public also had an intense fascination for viewing those who they considered insane and would break into hospitals to try to see them or even pay to watch them (Torrey and Miller 205-6). The early history of mental illness in American society is dense with terrifying examples of cruelty toward those considered mentally ill deriving from an immense lack of knowledge about mental health.

Throughout the next 200 years, reform of institutions for those with mental illness became prominent, and the rise of cases of mental illness continues to alarm Americans and alter their views on the topic. In the mid to late 1800s, Dorothea Dix fought for better treatment of those with mental illness. She “found that many institutions held people in cages, closets, cellars, stalls and pens and that they were chained, naked, beaten with rods and lashed into obedience” (Torrey and Miller 219). Because of Dix’s work and the reform work of other figures, the government made many new asylums, but the treatment of individuals held there still generally remained poor, especially as the number of people afflicted with mental illness grew. As psychology was introduced into America, many psychologists began theorizing about mental

illness and trying to fix the issue. Some theories included blaming insanity on immigrants, stopping insanity through the sterilization of those with mental illness (Torrey and Miller 282-82) and attempting to alter childhood experiences to prevent mental illness (Torrey and Miller 286). These theorizations and further medical discoveries and government sanctions eventually turned into contemporary American society where mental illness is accepted as a part of society that citizens must deal with in order to function.

Not only is this evolving perception of mental illness represented in historical records, but one can look at literature of the time period to see these societal views as well. Literature from the 19th century displays the fear of mental illness and the stigmas surrounding mental illness through the predominance of fearful depictions of mental illness in literature and the sensationalism of mental illness in literature. For example, In Charlotte Bronte's *Jane Eyre*, Bronte depicts Mr. Rochester locking his wife Bertha in an attic. Bronte's description of Bertha as a beast that "groveled, seemingly, on all-fours; it snatched and growled like some strange wild animal; but it was covered with clothing, and a quantity, of dark, grizzled hair, wild as a mane, hid its head and face" (Bronte 342) displays an outdated perception of mental illness. An example of the sensationalism in 19th century literature can be seen through Edgar Allan Poe's writings, specifically *The Tell-Tale Heart*. In this story, Poe dramatizes a story about a man who has mental health issues. He portrays this man as a savage stalker obsessed with killing an older man. In fact, Poe's animalistic imagery of the man and his disorder goes so far, that he dehumanizes the man. According to the narrator, the old man (who the narrator, the main character, was obsessed with murdering):

had the eye of a vulture – a pale blue eye, with a film over it. Whenever it fell upon [the narrator], [his] blood ran cold; and so by degrees – very gradually – [the narrator] made up

[his] mind to take the life of the old man, and thus rid [himself] of the eye forever...[The narrator] undid it just so much that a single ray fell upon the vulture eye. And this [he] did for seven long nights. (*The Tell-Tale Heart*)

Poe's story and description of the "mentally deranged" man creates a sensationalized hype about the murderous potential of those who have mental illnesses. Poe monopolized on the fear people had about insanity in this time period and used it to his advantage. While this did create entertaining stories, the description of those who are mentally unstable added to the stigma and fear of society's opinions.

Through analyzing the detailed history of mental illness in America, one can use this knowledge to help assess current treatment of those with mental illnesses. Comparatively, it seems that current society is a much better place for those with mental illness than the past centuries. In the past 20 years, many positive milestones in the mental health field have been established, including "the growth of the community mental health centers, and the deinstitutionalization of mental patients from large state and county hospitals" (Goldstein 402). After the horrors of the asylums, the government reformed the structure of helping the mentally ill into something many psychologists suggested: deinstitutionalization. According to Cynthia Erb in her study on the postwar context of madness, she explains that:

Deinstitutionalization featured both material and philosophical dimensions. On the one hand, changes in federal and state policies and funding were designed to reform the care and housing situation of the seriously mentally ill. On the other, confronted with detailed reports of abuses suffered by inmates of the hospitals, commentators began to frame questions pertaining to the definition of serious mental illness, as well as what the treatment of the insane communicated about

the culture as a whole. The philosophical ramifications of deinstitutionalization have earned it a place as a key chapter in the history of the disability rights movement. (45)

Current society strives to enhance the rights of many different groups, including the group of those with mental illness. This deinstitutionalization also developed because of the advances in medicine and psychology that proved to society that old thoughts, like those who are mentally ill are possessed by the devil, can be disregarded (Erb 46). In another study by Bernice A. Pescosolido about the public stigmas of mental illness, she found that “over the long haul, the public has become somewhat more sophisticated and perhaps more open to disclosure, recognition and response about mental health problems (6). Without fraudulent claims about the mentally ill and institutionalized maltreatment, the overall atmosphere seems to have improved for those who are mentally ill. Ultimately, from the outside, it seems that America is an open and helpful place for those afflicted with mental illness.

While 19th century literature often depicted mental illness as savage or sensationalized, many modern representations of mental illness in literature seem more accurate in portraying disorders as a whole, but can still be seen as frightening to society. Even though some current novels and stories still sensationalize mental illness, there also has recently been a call for accurate portrayals of mental illness in literature. Susan Vaught’s *Freaks Like Us* is a novel that is critically acclaimed to accurately represent mental illness. One of the main characters, Jason, has schizophrenia, and she describes many of his visual and auditory hallucinatory episodes through first person narrative. After Jason’s best friend goes missing, he becomes upset and his schizophrenic symptoms accelerate:

“Stupid, stupid, stupid, blood, blood, blood, freak, freak, freak...” It’s hard not to imagine Drip’s mom with her throat cut, because my brain does that to me sometimes, shows me awful things I’d never do and never want, like nightmares, only I’m awake. If I don’t stop thinking about blood, I’ll start seeing it, then everything will get one hundred times more awful. (Vaught 43)

The voices and visions that Jason experiences are scary for himself and potentially for others. While this book presents mental illness accurately, there are still sections that are frightening and unusual for those who do not have any mental illness or experience in the field. Even though the book includes these unfamiliar and sometimes horrifying aspects of mental illness, Vaught also includes how Jason (and other characters) properly manage their diseases, which allows them to live life happily and without potential for hurting themselves or others. It seems that the impact of how mental illness is portrayed in modern literature depends on the reader’s takeaways. It would be misrepresenting illness to not include some parts that are scary even though they could perpetuate stigmas. Stigmas originate from the lack of understanding of those with mental illness because people fear those who they do not deem “normal” like themselves.

In addition to literature, mental illness is depicted in other mediums as their popularity rises. For example, the show “My Strange Addiction,” was a popular show from 2010 to 2014, which used people’s addictions for entertainment. The concept of each episode was to “feature two adults who resort to extreme compulsions in an effort to soothe their emotional demon” (“My Strange Addiction”). Some of the topics for the episodes include a woman addicted to drinking air freshener, a man addicted to owning life-sized dolls or even a person addicted to eating bricks. While these episodes have a focus of helping the individuals cope with their issues, the larger focus is an exploitation of the individuals’ disorders (“My Strange Addiction”). This

show is a modern example of society viewing those with mental disorders as freaks to entertain them, similar to how people used to pay to get into mental institutions to observe the people housed there (Torrey and Miller 205-6). The ease at which society uses others' disorders to entertain displays that there is still an intense stigma associated with mental illness despite the modern urge and implementations to help those in need.

Although many societal advancements have occurred in the area of mental health, as one studies the issue closer, it becomes apparent that there still exists an underlying stigma against those with mental illness as one delves deeper into society. From Pescosolido's same study on public stigmas, she found that despite this newfound sophistication and openness of America, that "stigma is alive and well with relatively stable gradients, little change over time and surprising adult-child comparisons" (Pescosolido 8). Some of these findings about current stigmas include "the percentage of respondents endorsing stigmatizing responses increase[ing] from 'troubled person' to depression to schizophrenia to alcohol dependence, and finally, to drug dependence" (Pescosolido 8). This gradient of stigmas shows that not only do people judge those who are mentally ill, but also that people often judge differently based on which mental illness a person has. Furthermore, society also often associates mental illnesses with many negative traits or behaviors that have nothing to do with the illness, such as drug use or violence, that just increase the stereotype. Additionally, the amount of discrimination frequently depends on the commonality of the mental illness in society. For example, since "OCD is twice as common as autism and schizophrenia" (Adam Ch. 1), people are not as familiar with schizophrenia as they are OCD, and judgment surrounding these types of mental illnesses is often comparatively increased. In another aspect of Pescosolido's study, she gathered results and analyzed parents' stigmas toward mental illness when the situation involves their children. Parents in her study

completely separated ADHD from “daily troubles,” which still include some symptoms of ADHD. When asked if they would have an issue with their child being in a class with another child who has daily troubles or a child who has ADHD, these parents were almost seven times more likely to have an issue with their child being in a class with another child with ADHD. This choice is despite the fact that a child with daily troubles could have the same symptoms as ADHD or other symptoms (Pescosolido 9). While this does not make parents bad people for wanting to protect their children or have them taught in a nurturing environment, their choice displays a discrimination against those who have been diagnosed with mental illness. Furthering this stigma toward labels of mental illness, Pescosolido points out that “64 percent of the U.S. population [has] heard of ADHD, and of those, 78 percent report it as a ‘real’ disorder” (6). Not only does this ignorance about what a mental illness is contribute to discrimination, but when people discredit mental illness as existing, this can also have detrimental societal affects. Despite America’s societal and institutional progress surrounding the mental health field, it seems that this acceptance often ends when mental illness becomes personal and permeates individual lives. Admittedly, there are many positive outliers of this analysis, but the fact remains that the overall treatment toward those with mental illness displays that much of society only cares enough to outwardly support those with mental illness. This stigma against people with mental illness remains so much that many Americans wish to keep them separate from their own individual lives.

Not only is there currently a stigma against mental illness, but through the analysis of why these stigmas exist, it is evident that this attitude derives from a fear of those that are different than us. The fear of the other is a recurrent theme continually seen in America’s past,

like stigmas against indigenous races of other countries because of something as simple as being different. In her article, Pescosolido defines stigma as

A 'mark' that signals to others that an individual possesses an attribute reducing him or her from 'whole and usual' to 'tainted and discounted.' The devaluation translates into seeing the stigmatized person as 'less than fully human' and may emanate from 'abominations of the body' (physical deformities), 'blemishes of individual character' (mental illness, addictions, government aid), and tribal identities' (race, gender, religion).
(3)

While society often helps those with mental illness, this does not mean that society accepts them as full people. The stigma society casts on mental illness displays the view that those with mentally ill are "blemished" and "tainted." This view causes a sense of pity as it places those with mental illness in a different category of humanity than what the "whole and usual" individuals consider themselves. Further than mental illness signifying imperfect humanity, but "the culture at large [also] treats madness as an incoherence of subjectivity (or as Foucault put it, a state of unreason). The subject of madness is the one who does not know herself" (Erb 47). If one believes that someone is "incoherent" and treats them as such, then it is unsurprising that a stigma would develop.

This discrimination of the inability to understand or be similar to those with mental disorders extends further to resonate with fear. As education increases in society, we learn more about ourselves and the world around us. Based off heightening intellectualism in the medical field and other fields, one could assume that the understanding of mental illness would increase, and stigma and fear would decrease. In fact, the opposite has occurred. In her study, Pescosolido's results show that "comparisons over time revealed increasing stigma on one key

issue...Specifically, perceptions of potential violence as a fundamental component of mental illness had not decreased; rather, if anything, data suggested a significant increase” (Pescosolido 9). Fear motivates people to act in a certain way in order to avoid encountering more fear and to avoid becoming vulnerable. Fear also involves varied states of uncertainty (Gordon 560). In response to fear, people can become conditioned and their bodies can learn to naturally try to avoid what they fear (LeDoux 2871). Society’s fear of those with mental illness is bred from this uncertainty that defines mental illness. If people are not familiar with mental illness, they often do not know many things about mental illness or how to interact with people with mental illness. This lack of knowledge and fear causes society to avoid and exclude those with mental illnesses.

Through analyzing America’s past with mental illness from a current perspective, it is evident that while conditions for the mentally ill are vastly improving, attitudes and stigmas toward the mentally ill are not improving as rapidly because of the lack of knowledge and understanding society holds about mental illness. From its beginning in colonial times to its prominence today, mental illness affects an ever growing amount of people due to the labels and stigmas that society attaches to mental illness. Proper treatment, scientific advancement, fundraising and research, new medicines and many more things have created an atmosphere of support for those with mental illness, but buried beneath this support, stigma and fear permeate many in current society. As people avoid and shun those with mental illness or refuse to admit their existence, they are showing that the currently portrayed attitude of acceptance has not actually changed the fear many people feel for mental illness. While this acceptance has led to much advancement, it is also significant to note that society can be helping and hurting a cause at the same time. Ultimately, for true acceptance to occur and hold, one must receive those they do not understand into their society and value them as complete people.

Works Cited

- Adam, David. *The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought*. Sarah Crichton Books, 2015. Amazon Kindle.
- Barnhill, John, et al. "DSM-5 Clinical Cases: Schizophrenia Spectrum and Other Psychotic Disorders." *American Psychiatric Association*, 2013, doi.org/10.1176/appi.books.9781585624836.jb02.
- Barnhill, John, et al. "DSM-5 Clinical Cases: Obsessive-Compulsive and Related Disorders." *American Psychiatric Association*, 2013, doi.org/10.1176/appi.books.9781585624836.
- Bronte, Charlotte. *Jane Eyre*. Barnes & Noble Classics, 2003. Print.
- Erb, Cynthia. "'Have You Ever Seen the Inside of One of Those Places?': Psycho, Foucault, and the Postwar Context of Madness." *Cinema Journal*, vol. 45, no. 4, 2006, pp. 45-63.
- Goldstein, Michael S. "The Sociology of Mental Health and Illness." *Annual Review of Sociology*, vol. 5, 1979, pp. 381-409.
- Gordon, Robert M. "Fear." *The Philosophical Review*, vol. 89, no. 4, 1980, pp. 560-78.
- LeDoux, Joseph E. "Coming to Terms with Fear." *Proceedings of the National Academy of Sciences of the United States of America*, vol. 111, no. 8, 2014, pp. 2871-28878.
- "My Strange Addiction." *TLC*, 9 May, 2017, <https://www.tlc.com/tv-shows/my-strange-addiction/>.
- Pescosolido, Bernice A. "The Public Stigma of Mental Illness: What Do We Think; What Do We Know; What Can We Prove?" *Journal of Health and Social Behavior*, vol. 54, no. 1, 2013, pp. 1-21.
- Poe, Edgar Allan. *The Tell-Tale Heart*. 1843. South Australia: The University of Adelaide Library, 2014. Web. 5 March 2017.

Torrey, Fuller E., and Judy Miller. *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present*. Rutgers University Press, 2007.

Vaught, Susan. *Freaks Like Us*. Bloomsbury USA Childrens, 2012. Amazon Kindle

White, Caitlin. "8 of the Most Realistic Portrayals of Mental Illness in Contemporary YA." *Bustle*, 4 May 2014. <https://www.bustle.com/articles/23614-8-of-the-most-realistic-portrayals-of-mental-illness-in-contemporary-ya>. Accessed 23 January 2017.

Nicole Bunte

Honors English Thesis Story

12 May 2017

One, Two, Three

RACHEL

“Rachel, can you read this out loud please?” Dr. Aria reached across her mahogany desk and slid me a piece of paper with her perfectly manicured, long, black fingernails.

My eyes skimmed over the page she gave me. Sometimes I had to remind myself that, no, Dr. Aria did not have talons and, no, Dr. Aria was not going to try to claw me with them. Some days my reasoning works, and then other days I believe my voices more than myself; those are the bad days.

“Out loud please, Rachel.” I sighed and began reciting the excessively wordy page that sat crookedly on the desk in front of me. That would have bothered Alex.

I pried my hands off my lap and moved the sheet of paper closer to me. My eyes kept fixating on the little designs my chipped lilac nail polish made on my stubby fingers distracting me from the text. I quickly grabbed the sheet of paper and hid my fingernails underneath as my mind began to process the information. Of course, Ayuthaya font. For some reason, Dr. Aria assigns each of her patients a specific font, size and style that she uses on our files and on basically everything she gives to us. But, of course, she usually doesn't tell anybody why she chose the particular font until they are able to guess some of it by themselves. I've never even heard of Ayuthaya font before she began using it all the time. Sometimes I think she chose it

because I'm complicated and often not recognized, which is how I see the font. Whatever the reason is, I have never tried to guess. It seems stupid to me that doctors try to describe us in ways as trivial as a style of font. Maybe she just gets bored at work and tries to find new ways to have fun with us.

Understanding your Disorder: His and Hers

I stifled a small laugh after reading the title of the page aloud to Dr. Aria. "Really, you don't think I understand what mental disorders my boyfriend and I have?"

Dr. Aria's disapproving glance was the only nudge I needed to suck it up and keep reading. Even though she was a complete pain, she has helped me a lot. When Alex and I first started dating all those years ago, no one, especially Mom, wanted to believe that it was a good idea. Everyone was telling us that I needed a stronger support system, especially after Alex was diagnosed with OCD, and that we didn't really love each other. There were also the people that didn't think people with mental disorders can truly feel love, even though that is the deepest kind of bullshit I've ever heard.

Without Dr. Aria's constant counseling and drug checks, Alex and I would never have been stable enough to fully begin our relationship or move in together. She really did care about us, even though sometimes we, especially Alex, didn't see her advise as helpful whatsoever. I don't tell her about the bad things he says about her at home or about the bad things he says about me at home. I like to keep the bad stuff private just in case it's not actually true.

Dr. Aria gave me a disapproving glance. “You know I think that there is a point to this, Rachel. And that I think it will be helpful, right?” I force the next breath of my lungs out in a clearly audible sigh before straightening up my posture and giving her a quick smile.

“I know, I know,” my mouth curves upwards a little bit. “You are awesome and I owe you everything, so I better freaking listen to you!” Dr. Aria smiles as I quote my mom to her. “Alright, alright, I will read it.”

“Thank you, dear.” Dr. Aria leaned back into her chair and focused her green eyes on me.

“Schizophrenia is the prototypical psychotic disorder. Not only is it the most common psychosis, but schizophrenia tends to involve abnormalities in all five of the emphasized symptom domains: hallucinations, delusions, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms. Like the DSM-5 neurodevelopmental disorders, schizophrenia is viewed as a neuropsychiatric disorder with complex genetics and a clinical course that tends to begin during a predictable stage of development. Whereas the neurodevelopmental disorders tend to begin during childhood, symptoms of schizophrenia tend to reliably develop during late adolescence and early adulthood” (Barnhill et al.).

Wow, she even included the citations. This woman is nothing if not thorough. I held my pause between paragraphs for a while so Dr. Aria would think I was contemplating something deep. The only thing the reading did was make me think about the first my mom realized that I might have something wrong with me.

I was 18 years old, and I had known something was off for a while, but was scared to tell anyone. I was sitting on our family room couch by myself. I remember looking at the burnt orange color of the wall until the orange color began swirling faster and faster until it looked like fire. My mom came in the room and I thought that the walls were trying to burn her. It didn't help that I thought my own screaming was hers. I can't imagine how scared my mother was that day.

She should have been scared. She was on fire, right Rachel? Fires hurt, fires grow, fires kill. Was she on fire or wasn't she? Is your mom even still alive? Are you even still alive? How can you be sure of anything?

The voices are probably one of the worst parts. The hallucinations are pretty bad too, though. If only they weren't all so paranoid, it might make life a little easier. That's one of the funny things about being a diagnosed schizophrenic, a phric I call it, is that you know the voices are lying to you and you see fake things, but sometimes you aren't quite sure how to tell what is real and what is fake.

The medicine usually handles most of the hallucinations, but doesn't really stop the voices. I've learned to ignore them and focus on what I can see is happening, but when I get

anxious or stressed, I need to take some of the medicine that makes me drowsy to help drown out everything else.

I stifled a shudder and prayed a silent thank you to my mom for calling me before the appointment and convincing me to take one of my extra pills. I refocused my eyes on the second paragraph on the page.

“DSM-5 has created a new chapter for a cluster of disorders that involve obsessional thoughts and/or compulsive behaviors. These include obsessive-compulsive disorder (OCD), body dysmorphic disorder (BDD), hoarding disorder, trichotillomania (hair-pulling disorder), and excoriation (skin-picking) disorder. As is true throughout much of DSM-5, there are also categories for patients whose symptoms are secondary to medications or substances, are due to another medical condition, or do not quite meet criteria for one of the named disorders” (Barnhill et al.).

One of the paragraphs is about me and one is about Alex. Life would be so different if our descriptions were switched or if we weren't defined by our mental disorders.

“Rachel, what do you think about when you read those descriptions about what you and Alex deal with?” Dr. Aria's voice sounded like she was an overprotective mother trying to understand why her 15-year-old daughter wanted to go to a club with a 24 year-old man.

“Umm, I feel nothing different than usual, really. I mean, I know that I have a mental disorder and I know what that means. I know that my boyfriend has a different mental disorder and I know the definition of his also.” Sweat formed in the palms of my hand as I responded to her question. “I don’t understand why reading these were important.”

“I thought that reading them might help us discuss how the living situation with Alex is going. I know that I supported your decision, but as you and Alex continue this arrangement, we need to have checkpoints just to ensure that you are doing okay. It would not be a failed attempt if something went wrong, but that would just give us an opportunity to successfully defeat a new problem, and we are really good at overcoming things, aren’t we Rachel?”

I highly regretted the stipulations of my agreement with Dr. Aria. It was mostly my mom’s doing, but still. My mom insisted on multiple couple therapy sessions with Alex so that we could help each other with our disorders. We started the sessions before we moved in together so Dr. Aria could see that we would be in a healthy situation, and Alex even seemed to like them. But, once we moved in together, I learned more about Alex and what he used to do when I wasn’t there. And about his explosions and apologies. And his begging. But, they don’t have to know that. I love him.

Do you love him? Love or shove? Shove or love? Do you love him when he shoves?

“We are the best at overcoming things, but right now, there’s nothing to overcome. Living with Alex is perfect.” I would let Dr. Aria know if things got super bad. I can ask my mom for help too if I need it, although Alex hates when I call my mom. At least I think he does sometimes, but only when he’s drunk.

Why did you say that? Liar! Dr. Aria always knows when you lie. Lie, lie, lie. Why would you do that, Rachel? Tell her the truth. Don't tell her the truth! Are you scared of Alex? No, that's not real. You love Alex.

I focused really hard on Dr. Aria's green eyes to try to get the voices out of my head. Slowly, they started to get softer to hear so that I could try to ignore them. Dr. Aria was used to this.

"Good job at controlling, Rachel. I remember when it seemed impossible to try to quiet what you hear, and it makes me so happy to see how far you've come with that."

"Thank you. Listen, I know we were supposed to meet longer today, but can we cut it short? I promise that I will come extra long next week and I will call you or tell my mom if anything gets too hard?"

"Are you not used to consulting Alex when you feel overwhelmed?"

She caught you in your lie. Sneaky sneaky don't get too cheeky.

"Of course, I would talk to Alex first!"

ALEX

Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe.

After completing my ritual, I felt calmed, but there were too many choices. Too many choices and it is impossible to think with other noises in my ears. They don't understand. Can't they just shut up and let me think?

Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe. Salmon or tuna? Salmon or tuna? Salmon or tuna?

I put my hands against the glass, touched my face to it, and looked closer. Salmon is easier to cook, I think, but tuna is fancier. Rachel needs to be impressed. She needs to take me back.

“Sir, you aren't supposed to touch the glass,” the annoying Whole Food's salesperson's voice seemed to come from nowhere. I glared at the young man behind the counter. His thick uniform was making him sweat. What if his sweat dripped on my food? I did not want him to touch my food.

“So, is there anything I can get for you?” His question seemed to highlight my indecision. Rachel said that this was why she could not be with me. You can't make choices and then you get mad at her and yell and scream. You need to make a choice. Make a choice. Choose.

Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe.

“Sir?” My head jolted up. Why did he keep talking?

“I'm not sure what I want.”

“Oh, well, that’s okay! Let me help. This here is fresh yellowfin tuna, which is perfect for making tuna steaks. Tuna really holds the flavors of what you cook it with, so I would suggest a high quality marinade also. I have recipes for a soy marinade, lemon and herb marinade...” I stopped listening. I couldn’t focus on all of his words. He was making this too hard like when Rachel tries to explain her voices or her hallucinations. She makes it too hard for me. It’s not me fault that I hurt her. It’s her fault. She knew what she was doing. She knew it but she did it anyway.

I leaned onto the glass again to get a closer look.

“Sir, no touching the glass! Remember?” My cheeks began to grow warm, and I knew they were red. Of course, I remembered him saying that, I just forgot about it when he kept giving me too many choices and talking too much.

When I took my hands off the glass, he started talking about the marinades again. I really wanted to touch the glass two more times. Maybe if I did that, he would stop talking and Rachel would take me back. He was giving me too much information. The people walking behind me and the people waiting in line were crowding my head with their conversations. My hands began to grip at my sides and move to the glass to start the tapping.

“Excuse me?” I felt a light touch on my shoulder. “Would you mind if I went in front of you? I’m in a little bit of a hurry, and it looks like you might need some time to decide.”

There was a line of about three people behind me all looking at me expectantly. I turned back to the sweating man behind the counter. My fingers moved to my sides and started twitching in spastic motions of three. The other people in line began speaking louder. The sweating man was speaking. The lady behind me was still speaking. A man in line behind her was ordering me to respect the lady who wanted in front of me. He looked like he wanted to

shove me. I don't like being shoved. Something was announced on the speakers. Cash registers dinged. Carts squealed. Someone stacking a shelf dropped a jar of mayonnaise on the floor.

I didn't want them to see my hands shaking. I put them in my pocket, and my right hand grew still as it clasped something cold and familiar. The longer I grasped the distinctive shape and the longer I felt my hand fit perfectly fold around the metallic flask, the better I felt. I pulled it out.

One, two, three.

I pounded my fist as hard as I could against the top of the counter and counted my three drinks. I felt better. The man behind the counter was quiet now, staring. The people in line behind me quieted and took a step back as they exchanged glances with each other. Good, they weren't speaking anymore. I heard a noise across the store.

One, two, three.

"Sir, you really aren't supposed to drink in here. And please stop pounding like that. You're scaring the customers. I will call my manager if I have to." The man's nasally voice seemed to shrill higher and higher with each word.

"You want me to stop?" I watched a bead of sweat roll down the man's hairline sliding over his glasses.

"Umm, yes please?"

One, two, three.

“Then give me my damn steak.” There, I had finally chosen.

The man slowly reached behind the counter and wrapped up the steak I was pointing to. He did it very quickly. His hand fumbled and almost dropped the steak as he handed it to me over the counter.

I laughed a little. “Thanks, buddy.” I threw the steaks in my cart and watched the man’s face shudder.

The steaks looked good. Way better than the salmon. I grabbed another bottle of vodka along with the other dinner ingredients on my way to the register. See, I could make a decision once I calmed down. That’s all I have to tell Rachel.

RACHEL

Alex would be coming back soon. No, Alex was not coming back. You told him not to come back, remember? Lies. He’s on his way back now. No, he’s dead. You killed him, remember? Or, maybe you didn’t, and he’s coming after you. He will be here soon.

The last time that I saw Alex, I think, he was freaking out about how I put the dishes away. I could hear him screaming at me and counting, but I couldn't concentrate on him too much because he didn't have a face anymore and he was made of little shimmering psychedelic fibers that began to radiate all the way over to me. One of the nice voices in my head, Simba, was trying to make me focus and listen, but the other voices just kept pointing out how mesmerizing the colors were, and then the next thing I knew, the beautiful conglomerate of colors was moving towards me and threatening me and hurting me. And then the colors stormed out.

So, now you tell me, was that experience real or fake?

I felt my body getting tingly as I tried to figure out what was going on with Alex. I know that he scares me sometimes, which is bad, right? We all make mistakes. I know that he loves me, and that is good. I wish I could get rid of the cold pit in my stomach that makes me feel like everything will not be okay.

Take another pill honey, it will put you right to sleep this time and then you can wake up later and feel better. No, that's stupid. If Alex comes, and you are sleeping, what will happen? What will he do? He's not coming, and even if he did come, he wouldn't do anything. He loves you.

I reached for the medicine in my purse and threw a pill back into my mouth. I felt the dry pill slowly slide down my throat. A choking kind of pain slugged down my neck. I didn't feel like going to the kitchen and getting water, so I just waited for the pill to reach my stomach and the pain to stop.

Usually, after I take my drowsy pill, I talk on the phone to Alex and he lulls me to sleep while we talk about his day and he repeats his meditations that are supposed to calm him. But we don't do that anymore. Ever since we moved in together, we have stopped a lot of things.

I picked up my cell phone and searched through the contacts until I found a picture that made me stop moving my fingers and smile. I pressed the call button.

“Hello? Rachel, are you okay?” The high-pitched feminine voice calmed me better than any medicine could.

“Hi, Mom, yeah, I'm fine. I just wanted someone to talk to.”

“Oh, is Alex not there right now?”

You're a liar. You lied to Dr. Aria and now you're lying to Mom. You haven't told her that Alex moved out and that you're living alone. Lies. Lies. Lies. She trusted you. You trusted him. But who trusts who now? You don't know. Liar. Tell her the truth. Tell her what you did. Liar liar pants on fire.

“He's shopping at the grocery store, but I'm fine.” I realized too late that I already told her I was fine. She probably thinks that I'm being weird now, well, weirder than what is normal for a phric.

My head began pounding as I thought about me lying to my mother. I imagined little men climbing around on my head and beating my head with sticks like a drum. The sticks kept pounding harder and harder. Mom just wanted what was best for me. If it was up to her, I would be living with her and dad. But she said that it was fine for me and Alex to live together because he could help take care of me and because Dr. Aria said it was okay, even beneficial. He just has

OCD. It's a normal condition that normal people have, but normal people do not have schizophrenia. Us phrics need someone to look after us. She doesn't know that I'm more normal than Alex. She doesn't know that Alex makes me worse.

Now my brain was beginning to slowly spin around in my head as it began to turn into a thick liquid. The liquid began to shine with sparkles and colors and pulse in chorus to my thoughts. Then, the beautiful brain liquid became sharp and stuck into corners of my head. The sticking was hurting me. I began to moan in pain.

"Rachel? Rachel? Take a deep breath. It's not real. Talk to me." My mom's voice slowly brought me back to what I think was reality. I like her voice. It's not like my voices that sometimes make everything worse. Every time I hear her voice, I could be sure that it was trying to help me. It used to be that way with Alex's voice too.

I gasped as the fake pain subsided. "I'm sorry. I'm back. I'm sorry, Mom."

"It's okay, sweetie. Do you want me to come over tonight? Or come pick you up and take you here?"

Don't do it Rachel. How do you know she won't figure out about Alex. Maybe you should just tell her? No, she would be disappointed. You don't want to disappoint your own mother, do you? Of course, she doesn't want to do that! Then she shouldn't have her mother come over. She would figure it out. Say no. Say yes. Say no.

"Maybe could you come pick me up? I'll leave a note for Alex. He'll understand."

“Of course he will understand, Sweetie. I will be there in 15 minutes. If you want, you could pack a small bag and we can go out and do something fun together this weekend. I’ll be there soon.”

“Okay, I love you.”

“I love you too.”

While I waited for my mom to pick me up, I thought back to Alex and I met. I was walking through the hallway of my high school. Nobody was really in the hall with me because my art teacher always let me leave class late with an excuse note because I hated walking by the other students. They all seemed so normal, and I knew that they knew that I was a phric. Most of them would just avoid eye contact with me. The really mean ones would make fun of me or come behind me and pretend to be voices. The really nice ones smiled at me, but I could tell that they were still afraid of me. But, by that point, I knew that was what happened when you were someone like me.

I was about to reach my locker when a tall boy I had never seen before walked in the opposite end of the hallway. He had strong-looking muscles and a cocky smile. I assumed he played some type of sport – probably a popular one. I quickly averted my eyes and began twisting the dials on my lock. I wanted to listen for his footsteps, but my voices were being really loud and I couldn’t concentrate on anything.

I took a deep breath and tried to steady myself so I could focus enough to open my damn locker, but then I felt a hand on my shoulder and all my focus flew away. My voices began speaking very loud and fast.

No ones touches you. Why is he touching you? He wants to hurt you. Run away. Turn around. Scream.

I took more deep breaths and squeezed my eyes shut, but his hand remained on my shoulder.

“Hey, are you okay? It looked like you needed some help with your locker, but I hope I didn’t upset you?” I remember thinking the way he phrased his sentence as a question was incredibly cute. I pushed my voices down to the lowest level possible and slowly turned around.

“I’m fine actually. That was nice of you to ask if I needed help though.” I felt like his eyes were penetrating mine like little lasers. It had been so long since someone my age had looked at me like I wasn’t a freak.

“Well, I was pretending to be nice by offering help, but I was actually hoping you could help me. I am new here and I literally have no idea where I am going.” I surprised myself by giving a little laugh. Of course, I surprised myself even more by offering to show him around. It still surprises me that we have been dating for almost five years.

ALEX

I cannot believe that little psychotic bitch would just leave me. Who does she think she is anyways? If she didn’t have me, she would still be living with her parents. Screw her. She messed up everything. I had a plan. I wanted to make her dinner and apologize, but no, she had to just leave me. Why would she do that? I angrily sloshed down another chug of the lemon vodka.

Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe.

Maybe it will be okay. Maybe she really is just going to her mom's for a few days. Maybe she will forgive me still.

I picked up the crumpled sheet of paper I had just thrown on the ground and tried to smooth it out on the dark granite of the kitchen countertop. I could tell that Rachel had torn the sheet out of her journal. I touched a small tear I had made in the paper as I reread the words.

Alex,

I'm not sure if you will, but if you do come by, please leave. I will be at my mother's for the next few days, and I want you gone when I come back.

I miss you, but you confuse me and hurt me. I know you try hard and I still love you, but us being together isn't good for either of us. I think we should do what is best for each other and stay apart.

I need to be able to feel safe and stable. I like it when I can tell what is real and what is fake.

If you are actually there and reading this, then please leave so I will be able to go back to my home when I am ready.

I wish you the best.

With all of my love,

Your Rachel

I shoved the paper across the table and felt my hands ball up into tight fists. I looked down at my clenched knuckles on the vodka bottle. My knuckles were beginning to lose their color and resemble the colorlessness of the alcohol. It reminded me of the last fight Rachel and I had.

Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe.

I felt a tear threatening to slide out of my eye. She has to be lying. I do make her better. We make each other better. This is just another hallucination and she doesn't know what is happening. She loves me. She said so. Rachel will be back, and when she is back, I will make her forgive me.

I began unloading my grocery bag like a machine on automatic mode. Should I put the steak in the freezer? Will it still be good when Rachel gets back? It should be good for a few days at least.

My hands froze as I opened the refrigerator. It was all wrong. Everything was wrong. My hands began to shake again, the tremors slowly convulsing throughout my whole body. My fingers reflexively squeezed the steak I was holding. I felt my fingernails pierce the thin plastic wrapping around the raw meat. The bloody juices of the steak were staining my fingertips and dripping down my fingers in slow circles.

I fought the acid in my throat as my stomach tried to empty itself. I can't get away from the blood. Rachel will know. She will figure out what I did. I dropped the bloody steak on the light wooden floor.

Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe. Think. Think. Think. Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe. Think. Think. Think. Tap, tap, tap. Blink, blink, blink. Breathe, breathe, breathe. Think. Think. Think.

My breathing accelerated even faster despite my mantra as I threw everything out of the fridge and onto the counter. I showed Rachel how to do it. It was so easy. At first I was forgiving, but after living with her for so long, it was like she purposefully put things back in the wrong place to make me feel crazy. Vegetables and fruit at the top. Condiments in the middle. Dairy in the bottom left. Meat in the bottom right. Nothing in the door shelves. All bright foods in the front, dull foods in the back. Smelly foods to the right, bland foods to the left. Everything grouped in pairs of three.

My breathing began to slow again and return to its normal rhythm as my swift hands quickly reorganized the fridge. Now, it was okay. And it would be even better when Rachel came back home to me. She will help me. She always knows what to do, and she loves me, so she will forgive me. She has to forgive me.

As I closed the refrigerator door, my foot slipped a little on the floor. "Damnit, Rachel! Fucked up fridge, fucked up floor, fucked up life. You can never do anything right." My roaring voice echoed in the silence. Her voice usually intermingled with my screams as she tried to defend herself.

I looked down at my shoes and realized that the slick mess was the meat I dropped earlier. I bent down to pick it up and clean up my mess, and then I stood up and bent down two more times to make a perfect three. My hands moved in repetitive circles of three as I used a soapy rag to remove the blood from the floor.