

Honors Thesis Abstract

“The Role of a First-Person Narrator when Dealing with Mental Illness”

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This thesis examines how the first-person narrator alters reader perception in a story about mental illness. The role genre plays with the first-person narrator when talking about mental illness is also important when distinguishing how it can affect the perspective. Therefore, I included both fiction and non-fiction texts. The three texts work together to show how the first-person narrator allows access for the reader. The novel, *The Perks of Being a Wallflower*, uses the epistolary form to provide a subjective experience for the reader about what the protagonist is going through. The novel, *The Bell Jar*, on the other hand, uses reactions from other people around the main character to emphasize how the main character is perceived by others. The memoir, *Girl, Interrupted*, takes other people’s perspective of the main character one step further by adding doctors’ reports and other documents as a more objective approach to the story. With this analysis, I have concluded that the first-person narrator allows an access to the thoughts and perspective of someone dealing with a mental illness in a way that a third-person narrator cannot. The creative component then, told in third person from Dr. Hinch, a character that is observing his son dealing with mental illness, works to show the distance that a third-person narrator creates for the reader. Dr. Hinch can’t offer intimate access to what his son is going through because he is not close enough to the situation. This third-person narration works to juxtapose the critical component to show how important the first-person narrator is to allow the reader access to someone dealing with a mental illness.

Honors Thesis Critical Introduction

In this thesis, I will examine the use of the first-person narrator in both fiction and non-fiction literature. The books I will analyze are the novel *The Perks of Being a Wallflower* by Stephen Chobosky, the novel *The Bell Jar* by Sylvia Plath, and the memoir *Girl, Interrupted* by Susanna Kaysen. I argue that these three texts work to break down the idea that mental illnesses, specifically depression, is a fault of someone's character. Each of these books helps to characterize the illness through a first-person narrator that is dealing with depression. The narration works to structure a story in a way that brings the reader into the mindset of the person dealing with the mental illness. Not only does the narration force the reader to think like someone who is ill, but it allows for them to see how someone with the illness feels when others treat them or perceive them in a negative light. Each book was chosen to demonstrate how the differences and similarities of the genres (fiction and nonfiction) can provide an influential perspective of each character's mental illness through the different narrative structures.

Fiction and creative nonfiction, when written in the first person, hold similarities and differences in how a story is told. One difference is that nonfiction is rooted in facts and research done by the author about the characters and chain of events in the story. While there is creative freedom in nonfiction that distinguishes itself from a history book or newspaper article, the basic structure of the narrative consists of facts and real people. On the other hand, fiction has the creative freedom of being held to no facts. The author is only bound to their own personal opinions of the perspective they want to bring to the narrative.

Another difference is the subgenres within creative nonfiction are different from those in fiction. One of the genres in creative nonfiction is a memoir. A memoir is a more private version of creative nonfiction because it showcases the author's own story and experience as opposed to

the experience of someone else. The author is not just intimately letting the reader into a new world of a real person, but letting the reader into their own world and how they handled a variety of situations. In fiction, there are many subgenres, but the main one that applies for this thesis is a novel. The novel gives the author the ability to have a first-person narrator that is not based around the expectations of sticking to real events and people. With a novel, the author is focused on how to structure the piece to allow the reader into the mind of the first person-narrator. That plus the build in action helps the reader flip from page to page until the end of the story.

Similarities between the two genres happen due to narrative techniques authors use in both categories. Maarten Valken in *Literature and Quality Non-Fiction: What's the Difference?* says that there is “desirability in using narrative techniques for non-fiction” (4). These narrative techniques set the product apart from academic writing and bring it closer to fiction. This is because there is a basic structure of plot that relies on details to build a scene for the reader. There is a journey for both genres that is used to keep the reader interested in the book. Both genres should use exposition at the beginning to build the character, the potential conflicts within the story, and then to explain the setting. The action will continue to rise until there is a climactic moment. This moment is followed by a decline in action until there is some sort of resolution.

Fiction works to build plot in a similar way, but can use the interpretative thoughts and dreams throughout the story while an author of a nonfiction work cannot, for the most part. “The major differences between a fiction writer and a non-fiction writer, it was said, is that the latter should always adhere to truth and should never cross a certain border: he or she cannot write about emotions or dreams” (Valken 1). Like stated above, though, that doesn't mean that fiction is only make-believe and nonfiction contains the truth. Nonfiction writers work, like fiction writers, to leave the reader open to questions and interpretations of the story. “Instead of

answering questions, non-fiction books should stimulate the curiosity of the readers by leaving them with questions” (Valken 3). Both of fiction and nonfiction can utilize a first-person narrator to show thoughts and how facts can be interpreted throughout the plot of the story. With the first-person narrator, especially when dealing with a challenging perspective like one going through a mental illness, the author takes away a potential barrier of having a third-person narrator as a go-between from the protagonist to the reader.

One novel that is told a first-narrator that is dealing with mental illness is *The Perks of Being a Wallflower* by Stephen Chobosky. The novel opens with a boy named Charlie who writes letters to an unknown person about his life as he begins to navigate freshman year of high school. Through this first-person narrative, the reader gets first-hand information about Charlie’s thoughts and feelings while he deals with issues at school. As an introverted teenager, Charlie mentions constantly being misunderstood by the people around him, especially after one of his friends, Michael, commits suicide: “Then I started screaming at the guidance counselor that Michael could have talked to me. And I started crying even harder. He tried to calm me down by saying that he meant an adult like a teacher or guidance counselor. But it didn’t work“ (4). This moment at the beginning of the novel is a complicated one because the reader is experiencing all of Charlie’s confusing emotions right there with him. Alison Monaghan studied this scene in her article “Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chobosky’s *The Perks of Being a Wallflower*.” She says Michael helps operate as a “red herring: the reader has come to believe that Charlie’s depressive thoughts and anxieties about making friends and starting high school stem from his deep sadness about Michael’s death” (35). Though discussion of Michael disappears within the rest of the novel, he is an important informant for the reader. Monaghan says the scene “establishes an explanation for Charlie’s

sadness, his need to confide in a friend, and his anxieties about making friends during his first year of high school” (35). As Charlie continues to grapple with his friend’s death, he confides in the person he is writing to, and to us as the readers, that his friend maybe did have problems at home. “I wish I knew. It might make me miss him more clearly. It might have made sad sense” (4). There is an intimacy that is formed between the narrator and the reader through the narrative structure.

By writing the story in the epistolary form, Chobosky allows access for the reader to Charlie’s inner-thoughts. This type of access in the letter form is completely subjective to how Charlie communicates with people. Charlie is opening up to the reader through writing to another person about his own feelings and thoughts about what is going on in his life. Anthea Taylor in *Dear Daughter: Popular Feminism, the Epistolary Form and the Limits of Generational Rhetoric* says that the epistolary form can be “viewed as the most transparent and genuine form of communication, a perception that can serve to legitimize their truth claims” (97). Taylor also says that letters “invokes ‘presence, immediacy, and intimacy’ (97). This intimacy is transparent with the confessions and hesitations Charlie reveals to the reader. Charlie recognizes this intimacy by confessing to the reader that he wishes to remain anonymous because of what he is revealing. “I will call people by different names or generic names because I don’t want you to find me. I didn’t close a return address for the same reason. I mean nothing bad by this. Honest” (2). The reader can experience Charlie’s reluctance and feelings first hand because the message is targeted directly at them.

This form of expression also builds as the story goes on to reach different climatic moments in the novel’s narrative. One specific moment is Charlie finally remembering the truth behind his relationship with his aunt. This is something that was kept from him by his parents and his own

mind to protect him from the truth. Charlie mentions his aunt often in the moments leading up to him remembering as his “favorite person in the whole world” (5). As the story builds, the reader is informed of Aunt Helen’s dark past when Charlie visits her grave. He mentions that his family, specifically his mother, feels guilty for what happened to his aunt. “I will not say who. I will not say when. I will just say that my Aunt Helen was molested. I hate that word” (89). The weirdness, though, for this moment is followed by details that Charlie casually mentions to whoever he is writing. He brings up that he went to the hospital after her death. “I just remember going to the hospital. I remember sitting in a room with bright lights. I remember a doctor asking me questions” (91) Monaghan points out that all of this can appear normal but “the quick detail that the doctors are asking questions is somewhat strange” (37). Why would the doctors need to ask Charlie something if he wasn’t supposedly around for the death? This is one hint left for the reader that something isn’t quite right with how his Aunt died. While Charlie might not see this, the reader has more potential because they aren’t physically living in the situation. Though epistolary limits the reader from seeing much beyond the character’s thoughts, there are still glimmers of outside information if the reader can recognize it, such as Charlie’s reflection on what happened at the hospital.

Charlie remembering more about events leading up to his aunt’s death is important because he blocks facts and events out of his memory. The reader can then form a connection with themselves on how traumatic events are handled in their own lives because of what they are witnessing from Charlie. This all reaches a climactic moment, though, when Charlie sees his life turn upside down and it leads him to go back into the hospital. “I don’t want to talk about the questions and answers. But I kind of figured out that everything I dreamt about my aunt Helen was true. And after a while, I realized that it happened every Saturday when we would watch

television” (209). The key epistolary is that Charlie isn’t willing to downright say that his aunt molested him and that is what helped lead to some of his issues with mental illness. But that further helps develop the role of the first-person narrator. He is someone that is still coming to terms with how his life has played out and in what ways he is ready to deal with his depression. “I am not the way I am because of what I dreamt and remembered about my aunt Helen. That’s what I figured out when things got quiet” (211). Chobosky develops this type of access to Charlie throughout the story so that it makes sense at the end the development that he has gone through as a character dealing with a mental illness.

Like Charlie in *The Perks of Being a Wallflower*, Esther, in *The Bell Jar* by Sylvia Plath, is dealing with depression and thoughts of suicide. When *The Bell Jar* was first published, it was considered to be a novel about a character dealing with her own type of depression. Over the years since publication, though, some critics have altered this perception of the book being a novel based on how much Esther’s life is mirrored in Sylvia Plath’s own life. Gordon Claridge, Ruth Pryor and Gwen Watkins are some of the critics that define *The Bell Jar* as something more than a novel in their book, *Sounds from the Bell Jar*. They define it as “a disturbing account of her [Plath’s] breakdown and suicide attempts in 1953” (205) and a “barely concealed autobiography” (212).

Even though *The Bell Jar* was originally labeled a novel, it is important to mention its relevance to Sylvia Plath and her history. Most critics won’t mention this novel unless compared to Plath’s own life because of how many connections people can find. I argue that this helps the validity of the novel because it shows that Plath had real world experience with this mental illness. It adds to the tension, especially in the suicide attempt scene, because in the end Plath committed suicide. She becomes an informant to the reader about how one might feel in a

situation that most people don't quite understand. Though Plath attempts to hide her experience behind Esther, the feel of a memoir comes through and helps guide the reader through the feelings and emotions behind having a mental illness.

The Bell Jar offers moments of instability through the character of Esther that mirror Sylvia Plath's own history. Not only does the reader get to understand the character of Esther, but he or she can feel what the author might have felt while writing the story. Esther experiences many moments of depression that she attempts to conceal with the people around her: "I feel very low. I had been unmasked only by Jay Cee herself and I felt now that all the comfortable suspicions I had about myself were coming true, and I couldn't hide the truth much longer. After nineteen years of running after good marks and prizes and grants of one sort and another, I was letting up, slowing down, dropping clean out of the race" (29).

The reader experiences Esther's thoughts as she begins to question herself in her love life, work experience, and other relationships around her. This type of intimacy resonates stronger in the first-person narrative because the reader can witness how Esther changes over the course of the novel. As the novel progresses, the action builds to the impending climax. This includes hearing Esther mention her thoughts about death more and more: "I was disappointed. It was just like a man to do it with a gun. A fat chance I had of laying my hands on a gun. And even if I did, I wouldn't have a clue as to what part of me to shoot at" (156). Her connections with death build until her suicide attempt. Esther's mind becomes more chaotic and fixated on death. "The only thing to do was to drown myself then and there. So I stopped" (160). This fixation on death only works so well because the reader is following her through her journey to deciding if she wants to commit suicide or not.

Being allowed this access to Esther's mind becomes imperative to understand how she feels trapped within this glass jar that she can't escape. "wherever I sat — on the deck of a ship or at a street café in Paris or Bangkok — I would be sitting under the same glass bell jar, stewing in my own sour air" (185). Esther describes her inability to feel anything at all by using the bell jar as a metaphor. Martin Smith in "Metaphors for Mental Distress as an Aid to Empathy: Looking Through *The Bell Jar*" describes this metaphor as Plath's ability to show people that it doesn't matter where you are, depression follows. "They might be attractive, successful, popular and well-thought of yet, as Plath puts it, for all of this, none of it 'makes one scrap of difference' because of the isolating stifling sense of being cut off. The person is trapped in a glass prison" (357). This isn't the only moment where a metaphor is used to show how Esther feels trapped in her own life. "All through June the writing course had stretched before me like a bright, safe bridge over the dull gulf of summer. Now I saw it totter and dissolve" (114). Esther is seeing her future collapse around her because her dreams of writing don't seem to be progressing like she hoped. These two metaphors among others help to build the tension for the reader that Esther is at a loss for how her life is going and how she is mentally able to handle everything.

What elevates Esther's emotional confessions is how she reflects on the people around her. Esther gives the reader a window into her own eyes as she watches the people around her and how they respond to what she is going through. This gives the reader an opportunity to not only experience the viewpoint of dealing with a mental illness, but the viewpoint of how that character feels they are perceived by others. "Doctor Nolan said, quite bluntly, that a lot of people would treat me gingerly, or even avoid me, like a leper with a warning bell" (237). The mention of other characters reacting to the main character helps add depth for the reader about what is going on in that life. Esther doesn't just have to worry about how she is feeling but that

no one around her seems to understand it. The reader gets to see that first hand through her observation and reflection: “Plath allows herself to observe others, and this observation usually compounds her sense of being alone” (Smith 358). Though the reader will never actually know if the mother was feeling reproachful to her daughter, it is still important to understanding that relationship and what the mental illness has done to the family by getting that perspective of observation. The reader sees how Esther’s friends, family and doctors observe her. This recognition helps show the reader why Esther, and Plath, felt like the only option was to commit suicide.

Girl, Interrupted by Susanna Kaysen is a memoir that also includes outside observations to show the reader how the first-person narrator felt they were perceived by others. From the first pages, Kaysen lets the reader into the world of her mental illness, specifically her time at a mental institution. This book becomes much more personal because the reader knows from the beginning that everything Kaysen is saying is true in her history. What takes the story one step further from a standard first-person narrative is the interweaving of secondary material to supplement her story, as well as to challenge other viewpoints about her when she is at the mental institution. Kaysen includes doctor’s records, notes and other documents to show the reader not only how she perceived what was going on with her, but how others were reacting to her. Elizabeth Marshall in *Borderline Girlhoods: Mental Illness, Adolescence, and Femininity in Girl, Interrupted*” says that “writing a memoir offers Kaysen an occasion to confront and organize these materials, to provide a social context for them, from her perspective” (120). Kaysen takes the materials from multiple perspectives and then offers the reader her own analysis of them. This helps add depth to her experience and offers the reader the opportunity to form opinions based on multiple viewpoints.

The story first opens with Kaysen's records on how she was first admitted into the mental hospital. At the time, Kaysen is an 18-year-old white female that decided to visit a doctor to talk about some issues. Within that conversation with the doctor, she ends up being convinced that she needs to go to a mental institution. On the file, Kaysen is described to have "borderline personality disorder" (3) as diagnosed by one of her doctors. The doctors go further to diagnose Kaysen in a record that says: "increasing patternlessness of life, promiscuous might kill self or get pregnant" (11). Kaysen is described as "promiscuous" based on a relationship she had with her English teacher. "I went out to dinner with my English teacher, and he kissed me, and I went back to Cambridge and failed biology, though I did graduate, and, eventually, I went crazy" (166). This is important because it is demonstrating to the readers how different perspectives can clash to create what each person believes to be their own truth. Kaysen then takes it one step further by pushing the conversation of the difference in treatment between sexes and how she things there is a distinctive divide. "How many girls do you think a seventeen-year-old boy would screw to earn the label 'compulsively promiscuous'? Three? No, not enough. Six? Doubtful. Ten? That sounds more likely" (158). This conversation of gender inequality happening within mental patients becomes prominent in the story because Kaysen has the secondary reports to coincide with her perspective. Kaysen shows the readers the doctor's perspective of her as a female patient and then adds what she thinks it all means. This way of incorporating secondary sources doesn't force the reader to agree with her, but instead it allows them to decide for themselves what they think is happening. It also shows the reader how everyone's own perception of the "truth" can hinder the perspective. The Kaysen's doctors have their own perception that differs from Kaysen, herself. These differences clash and cause an issue when helping her deal with her mental illness.

That isn't the only instance where she uses the reports enhance her perspective of the situation. When Kaysen was first admitted to the hospital, the doctor stated that he spent three hours with her before making his decision. The report stated: "Susanna Kaysen was seen by me on April 27, 1967; following my evaluation, which extended over three hours, I referred her to McLean Hospital for admission" (13). Kaysen argues, though, that she didn't in fact spend that long in the doctor's office. She offers up her own "truth" of what happened that day and it is the reader's choice to take the information they have from the other reports to decide, as the chapter is titled, "Do you believe him or me?" (71). This intimacy that Kaysen provides the reader into her life is hinging on those reports that go along with her journey. By including those secondary sources, Kaysen is creating a subjective conversation that revolves around multiple perspectives that are included with the secondary materials. The reader is left to ponder what each person's own truth means for them. For Kaysen, her "truth" means something entirely different than doctor's perspective that put her in the mental hospital.

By reading books about mental illness from different perspectives, this starts the conversation on how mental illness could be perceived by society. *The Perks of Being a Wallflower* offers an insightful view of challenges a teenager can face when their mental health is deteriorating. That stage of the mind allows for all emotions and situations to feel heightened. By having the subjective viewpoint of the narrator, the reader gets to see that while some situations might not feel like the end of the world, it is to the person that is unable to take a step back from the issue. *The Bell Jar* allows for society to see how the perspective of others around a character can affect their overall mental state. Finally, *Girl, Interrupted* challenges how mental illness should be treated the different subjective truths of multiple people including Susanna Kaysen. She offers her perspective of the situation, but lets the reader also see how others around

her perceive their own perspective on how to treat and handle her mental illness. These secondary documents are key to forcing a conversation on how mental illness can even be wrongly perceived by those trying to treat it. Through each different perspective, the reader has an enhanced knowledge of some of the ways that one can feel about society when they are dealing with a mental illness. This type of intimacy to that perspective wouldn't be as apparent without the first-person narrator to invite the reader in.

With that in mind, the creative component of my thesis will work to juxtapose the work of the first-person narrator by showing the limitations a story about mental illness can have when told through third-person. This third person will not only provide a barrier for the reader about what is going on, but will be unable to show the thoughts and feelings of the character that is dealing with a mental illness. This outside perspective is necessary to show when talking about mental illness because it touches on how some in society can perceive those that are dealing with an illness that you can't see. While the person might appear normal on the outside, there is something preventing them to feel normal on the inside. Creating a character that is unable to understand that difference will help challenge other peoples' perspectives when they are viewing others within their own lives.

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Honors Thesis Creative

“Motus Inc.”

The alarm blared through the bedroom, vibrating off the walls until it reached the ears of the man curled to the side away from his wife.

Dr. Liam Hinch pried his eyelids open slowly while taking deep breaths. *Breathe in two, three. Breathe out two, three.* With his mind clear, he stood and glanced down at the fast-asleep figure of his wife, Kate. She didn't have work, so she had a later mood check-in, allowing her to sleep more. After all, she didn't have the weight of keeping the nation in check on her shoulders.

Dr. Hinch walked over to his wall and placed his wrist sporting a black band against a small touch screen. His band, like everyone else's, was customized to track his heart rhythms and mood fluctuations for Motus.

“Good morning, Doctor,” the screen said in a voice like his mother's if she spoke in a monotone.

“Morning, Motus,” he responded. “How are my stats looking today?”

“I sense an annoyance spike in correlation to the wake-up alarm. This spike has since plateaued and you are back to stability. Continue deep breathing exercises if you feel a spike later in the day.”

“Will do.”

Dr. Hinch gave a pleasant tap to the screen before heading to his closet. Today would be a good day indeed.

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“I got sunshine on a cloudy day,” Dr. Hinch sang as he drove to the lab. The classics were his ideal mood stabilizer since the governmental switch. He grinned as the song continued

to croon through Motus. She was recently available for installation in vehicles in states like his own, California, that had passed the bill for Motus Inc. to be implemented.

“Motus, what is the status of my family,” Dr. Hinch said swiping his wrist along the screen. The music went silent awaiting her response. “Mrs. Hinch woke up five minutes ago. Her mood shows only spikes in happiness since her relaxed state of sleeping.”

Kate, more than anyone else, knew the importance of their family keeping the moods in check. “America’s First Family,” as all the media called it. The first family to find a solution for the president to the growing epidemic.

“And Dominic?”

“Dominic failed to check-in at his allotted time of 7:05 a.m.,” Motus said and Dr. Hinch’s eyebrows synched together.

“Thank you, Motus.” Dr. Hinch started his deep breathing as he contemplated his son’s absence from the daily check-ins. He’s probably just being a typical teenager and disobeying rules, Dr. Hinch thought as he turned his car into the parking lot. He would have to talk to him after dinner tonight.

Motus Inc. loomed in front of him, the largest building along the coast. Its tall glass building flashed in the sunlight displaying the silver sun logo right above the doors.

“Good morning, Dr. Hinch,” his assistant said as he strolled through the doors. She waited at the entrance, tablet in hand in preparation for the morning update.

“Morning, Laila,” he said briefly glancing down at her before making his way towards the elevators. “What’s going on in the nation today?”

“The stats are looking good,” Laila responded, gingerly tapping on the tablet to scroll through her data. “More than 92 percent of the west coast has checked-in to their allotted times.

This, of course, is factoring out those that are fighting against the system to retrieve their wristbands and those that are underage.”

Dr. Hinch nodded. “Good, good. That is up from last month correct?”

“Yes sir. We are moving in the right direction with Motus. Required registration and installation into homes was just mandated in Montana. We now only have seven more states for the bill to go through.”

“Laila, remind me again of those states. We have Arkansas, Alabama, Ken—“

“Kentucky got that senator to really push it so they have been with us for two months now.”

“Oh right, right,” Dr. Hinch nodded watching the numbers next to the elevator doors climb slowly towards the top floor where his office was located.

“So all we need is Arkansas and Alabama, like you said, and then Louisiana, Georgia, Tennessee and the Dakotas.”

Dr. Hinch nodded.

“It still doesn’t make sense to me what the hold-up has been with the Dakotas, but now that we have Montana I believe we are on the right track for bringing them over to our side.”

“I agree, Doctor.”

“Excellent.”

They left the elevator and walked down the spacious hallway to his corner office. Posters lined the walls promoting emotional wellness and breathing techniques for how to keep the mood in check. Dr. Hinch’s wife always saw the posters as overly cheery, but they always made him feel at ease. Like the posters along with the program could right all past wrongs.

“There is one concern that I need to bring up with you, Doctor,” Laila said, standing at his doorway as he walked around to his desk. She shifted her weight, looking back and forth before meeting his eyes.

“Well go on,” he said gesturing forward with his hands. “I don’t have all.... well shit.”

A blare signaled through the building as a life-sized portrait of Dr. Hinch filled each glass panel along the halls and in every office.

Good morning fellow Americans, this is the President of Motus Inc. speaking. I would like to wish everyone a beautiful and happy day.

“Is this really necessary?” Dr. Hinch asked over the projection. “Does this really need to play everywhere, every day?”

Laila shrugged her shoulders. “It’s the request of the president, you know that. He wants to constantly remind the public of the necessity of the switch since...well, you know.”

He did know. When Dr. Hinch first introduced the program to the public many were upset. They didn’t understand why they should hand over their mental health to a machine that was created by no-name doctor from Stanford. People protested, politicians fought, but eventually the fear of losing loved ones took precedence. Most people were tired of hearing news stories of someone else taking their life. With social media at its peak existence in society, it seemed like every day there were constant live streams on Facebook or Snapchat another person taking their own life. So Motus took on the responsibility to see it come to an end. That was, once now president then senator Travis Stanley ran for election. He saw the future of Motus and so eventually did the majority of the country that voted for him.

Dr. Hinch ran his fingers through his hair and shook his head. Being the creator of the program that changed the nation was one thing, having your head displayed everywhere as the poster child was another. *Breathe in two, three. Breathe out two, three.*

—we lived in a world where emotions were masked and people let these emotions consume their lives. We no longer have to be a nation divided by suicidal thoughts. Use Motus to end the stigma. Let's work together to end this epidemic once and for all. It's time to keep our loved ones safe and monitored.

The image of Dr. Hinch panned out as he stood grinning and holding up his wrist to display the Motus wristband, issued to every resident age 14 and up in the states that approved the bill. His wide grin was the last thing Dr. Hinch saw before he looked away.

He cleared his throat. “Alright, uh, anyway. What is it that you needed to tell me?”

“Well, Doctor, there is some confusion from the recent state additions about the check-in process for Motus.”

“I see,” Dr. Hinch responded twisting his wrist band back and forth along his wrist.

“President Stanley wanted you to—“

“Please tell me it isn't another pamphlet,” Dr. Hinch said shaking his head. Since the partnership started, Stanley had been all about promotional material like pamphlets to ‘really connect with the Americans’ as he put it one time over a conference call.

Laila cracked a small smile before turning back to her tablet.

“He actually wants you to go on *The Today Show*,” she said. “You will film it in LA, but it will be aired specifically in Montana. That way, you can explain the process of the program in an understandable way to the people that are just now getting it.”

Dr. Hinch scoffed. It wasn't confusing to him. People had to check-in once in the morning and once in the evening so Motus could inform the user of their mood fluctuations throughout the day and ways to correct them.

"I already know what you're thinking, but no it isn't simple," Laila said. "Let me see what questions they want answered." She tapped quickly at her screen before pulling up a new file. "Let's see. The show wants you to explain the process of people being fit with their own customizable band, the point of checking-in, when Motus steps in, and the blue status. Those are the basic topics they will hit."

"Alright, well the bands have probes that deliver minor pulses up through the body to register—"

"Dr. Hinch," Laila said placing the table on his glass desk. "This is exactly what I mean. You can't go into all the science behind the band. Just explain that it is customized to everyone's own body to monitor moods. Simple."

"Okay," Dr. Hinch said, mulling over her explanation in his mind. "So then how would I describe checking in?"

"Think about those pamphlets. We put in those that the purpose is for everyone to feel like they have someone looking out for them. While Motus is always collecting data, the point for the check-ins in both the morning and evening is so that there is a sure time where the user is focusing on their emotions and how it is affecting them. Motus will not intervene unless it feels the user's life is at risk."

"That's good. Maybe you should just do the interview."

Laila sat down in the chair opposite.

“No, the public wants to see you,” she said. “I will work with you for the next couple of days to get you ready for camera.”

With the interview at the forefront of Dr. Hinch’s mind, he began to forget about the issues with Dominic not checking in at home.

~

The next day Dr. Hinch drove to the office to meet Laila so they could go over more interview questions.

“Motus,” Dr. Hinch said to the machine in the car, “what is the status of Dominic.”

“No response today,” Motus said.

Dr. Hinch cinched his brow. He knew he needed to talk to his son about it. But last night at dinner it slipped his mind. He was too focused on talking to Kate about his next interview.

“Doctor, I need to talk to you about something serious before we go over the questions,” Laila said as she entered his office during their allotted meeting time.

Dr. Hinch looked up at her as she sat down in the chair across from him.

“Go ahead,” he said.

“Well sir, I was sent this morning's list of residents in the area that have reached blue status.”

“I guess it is the beginning of the month again,” Dr. Hinch said. “Alright, well you know the drill, send it off to Krاندall down in *Assist and Recover*, and he will follow protocol.”

Laila just shook her head and slid the tablet across his glass desk. The metal on glass rubbed together, breaking the silence with a squeal. Dr. Hinch glanced up at Laila before taking the tablet into his palm. His finger lightly tapped through the different profiles, mainly teenagers, that were recently upgraded to the blue status. Faster, he continued to tap through the profiles

until a face like his own appeared on the screen. The shape of the face and chin was long past down from generation to generation in his family. One difference between the two was the shape of the eyes, similar to his brother's.

“Dominic,” Dr. Hinch whispered as he scanned the office through his glass walls, ensuring that no one was loitering around. “This can't be possible. People are only upgraded to blue once they have had more than six months of extreme fluctuations.”

“Doctor, the program doesn't lie,” she said softly, glancing down at the screen instead of meeting his eyes.

“Who have you told?” His tone was sharp and controlled. He knew he had to keep his thoughts together while around his staff.

“No one, I swear. But Doctor, we are going to have to do something about this soon. This isn't easy to ignore.”

Dr. Hinch turned back to the profile and flipped to the stats page.

Name: Dominic Theodore Hinch

Date of Birth: 9/17/12

Age: 16

Height: 5'8

Weight: 145

Status: Blue

The subject shows multiple down peaks in mood throughout the day. The number of peaks have progressed from weekly to daily over the past six months. Request assist and recover immediately.

“Laila, I need you to keep this under wraps for a couple more days. I will proceed with the necessary steps when I see fit.”

Dr. Hinch laid the tablet back down on his desk and looked out his window. Cars drove by on the streets below and for the first time he didn't want to be in his office any longer.

Breathe in two, three. Breathe out two, three.

“Dr. Hinch, legally I am required to report these stats every month. You're the one that stipulated those rules.”

“Laila,” he slammed his palm on the desk causing the tablet to clang against the hard surface, “this is my family we are talking about. I will submit the report. Now go.”

Her eyes widened as she reached for the tablet.

Dr. Hinch took a deep breath. “As president of Motus Inc., I feel it is my duty to research into this...situation...before taking the proper course necessary for removal of the subject.”

She nodded once and left his office. He sat back and placed his forefinger to his temple. Slowly he rubbed counterclockwise circles as he thought through what he wanted to do next.

“Motus,” he called and stood up to tap the screen, “please update me on the status of Dominic.”

“No response,” she intoned. “I have sensed multiple spikes in your mood in the last hour.”

“Shut up, Motus,” Dr. Hinch said. He grabbed his briefcase and exited the office. “Laila, I am working from home today.”

~

“Well isn't this a pleasant surprise,” Kate greeted him at the doorway and leaned in for a kiss. “Slow day?”

“Something like that,” he responded rubbing the palms of his hands against his eyes. “Is Dominic at school?” She nodded and turned to head back towards the kitchen. “He left about an hour ago, I guess he was running a little late this morning.” He followed her into the kitchen and sat down at the table. “Everything okay? You sound tense.”

“Kate, we have a problem.” He explained the results of the stats for the area as precisely as possible, trying to keep his voice level. She stared back at him, barely blinking before turning back to the chopping block. She was making chili for dinner, Dominic’s favorite. “Are you going to say anything?” Dr. Hinch pressed after minutes of silence. The only sound was Kate’s smooth slices of the knife against the cutting board.

She set her knife down and turned to face him. “Am I going to say anything?” she asked. “He’s our son, that’s what I am going to say.” She stared him down with her bright blue eyes, challenging him to say what was already moments from his mouth.

“Yes, but I am the creator of the program. I created the program because I believe in it, meaning I believe that if user is in trouble then we need to do what is proper to get help to them.”

Kate let out one harsh laugh before turning back to the chopping board.

“A user? A user? Dominic is not just some ‘user of your program.’ He is your son.” With each word, she hit the knife hard against the board, scattering vegetables in all directions across the counter tops.

“Kate, am I missing something? You’ve stood beside me preaching about the benefits of this program. Why not help our son if Motus says we need to?”

“If Motus says we need to?” Kate turned to face him. “I know my son and he doesn’t need that place. He just needs us to support him and love him, not send him away.”

“That place? The place that has dropped the suicide rate in this nation almost fifty percent in the last two years?”

“Yes, that place,” she said back at him, enunciating every word. “Do you even know what goes on in there? Do you really know Liam, because I have a sneaking suspicion that everyone in *Assist and Recover* and Travis aren’t —“

“President Stanley,” Dr. Hinch corrected.

“Fine,” she said throwing her hands up. “I have a feeling that President Stanley isn’t telling you everything. He has you control the running of the program, Liam. But he took over the treatment. Have you even seen someone come out of that place? Do you even know what happens to them?”

“The purpose of the place is to stabilize the moods to further prevent any suicidal thoughts.”

“Dear god Liam, you sound like the damn commercial that I hear playing every time I turn on the TV.”

“Lower your voice,” he said stepping towards her.

“I swear to god Liam, if you tell me to fucking deep breathe I will lose it.” Tears rolled down her cheeks and she tried to brush them away quickly. “He’s not your brother. People can feel sad sometimes without it triggering a suicidal response.”

He grabbed her hands and pulled her to his chest. “I am trying to save our son; don’t you get that? I won’t have his life turn into my brother’s. I won’t allow this program to fail this nation.”

She pushed away from him and headed up out of the kitchen.

“You don’t want this program to fail the nation? Or you don’t want to admit that maybe you were wrong about treating suicide? Your brother wouldn’t approve of this entire system,” she said over her shoulder.

Her words left him stunned as he listened to her feet smack against the wood floors as she headed upstairs.

~

Sounds of spoons scrapping the bottom of the titanium bowls filled the dining room. Dr. Hinch sat hunched in his chair keeping his eyes on the contents of the chili instead of looking towards his wife or son. He stayed hidden in his home office until his wife called him to dinner. Though he sat staring at his screen for most of the day, he still had no idea what to do with his son.

“Uh,” Dominic grunted. “Did someone die or something? You two are freaking me out.”

“Nothing is wrong, sweetie,” Kate responded quickly. She threw a warning look in Dr. Hinch’s direction before turning back to her own bowl.

“Actually, son, there is something wrong.” Dr. Hinch responded, avoiding his wife’s eyes. He instead set his eyes on his son. All height and limbs, his son had grown to be a lanky teenager over the past year. Though Dominic didn’t yet have the thickness of muscle to accompany his bones, Dr. Hinch couldn’t help but feel like he was looking directly at his brother when he was that age.

“Why haven’t you been checking-in every morning? You know I check up on you and your mother.”

Dominic shrugged. “I haven’t felt like it.”

Dr. Hinch could feel his blood pressure rising as he gently set his spoon on the table. “Haven’t felt like it?” He questioned partly under his breath. “Haven’t felt like it?” The second question came out louder, vibrating off the walls. “This is the law. You can’t just decide if you want to check-in for a day. Every person is required their allotted check-in time during the morning hours and one during the evening to keep up with Motus.”

“What does that even matter?” Dominic asked slapping his hands down on the table. “The stupid program charts everything about me anyway. I don’t care what it has to say about me.”

Dominic turned back towards his dinner.

“The purpose,” Dr. Hinch responded in a quieter tone, “is for every resident to feel like the program is there for them. So that every person can feel like they matter and are being monitored. The purpose is to keep everyone somewhat in control of their health before the government feels like it is necessary to step in.”

“Somewhat?” Dominic asked, bringing his gaze right back to his fathers. “No, Dr. Hinch,” he said the name forcibly, “it doesn’t somewhat give me power. It makes me feel like I have no privacy. I can’t even think about needing to piss without it having some opinion on how stable I am.”

Dr. Hinch shook his head trying to collect his thoughts. He forced his chair back from the table, the legs scarping against the floor cut through the silence, before finally standing up.

“You’re going,” he said finally.

“No,” Dominic and Kate said at the same time, both rising from their own chairs.

“What do you expect me to do?” Dr. Hinch yelled, moving towards Dominic. “I am the creator of Motus. Period. We could lose everything that we have been working towards for the past sixteen years.” He said this last sentence towards his wife.

“We could lose everything?” She asked moving towards her son. She wrapped her hands around his shoulders, pulling him towards her. Dominic scowled and stepped away.

“I’m getting the hell out of here,” he said as he exited the kitchen. Dr. Hinch and Kate stood in silence before hearing the door slam from above.

“You want to take my son away from me. That’s everything,” Kate said breaking the silence.

“Don’t do that, Kate. I created all of this for the family.”

“And how fitting it is that this program is now what is destroying this family. This is our son. He is not going to that place if it is the last thing I do.”

“Damn it Kate,” Dr. Hinch said. He slapped his hand on the table, which knocked a glass of water over. Water seeped slowly to the sides before falling off the table. “What do you suggest I do?”

“I suggest you figure something else out besides taking him away from us. Otherwise, you will lose everything,” she said over her shoulder as she left the dining room behind her son.

Dr. Hinch watched the door close before picking up his bowl and throwing it against the wall.

~

“Hello Mr. President,” Dr. Hinch said to the phone on his desk three days later as he sat in his office in Motus Inc. Life in his household was filled with unbreakable silence that forced

him to cower in his office much later than normal. Laila continued to pester him about the status of Dominic, saying that they had to call in *Assist and Recover* soon. But he kept brushing her off.

“Liam, how many times do I have to ask you to just call me Travis,” President Stanley responded with a chuckle through the speaker. “We have known each other before I was president and I am expecting us to know each other long after my term is up.”

Dr. Hinch nervously laughed, splaying his hand against the cool surface of his glass desk. He first met Travis Stanley when he was traveling around the country to talk with different politicians. It was at the beginning stages of Motus when suicide rates were at its highest in history. The economy was down; war was raging in other parts of the world and the social media streams kept the negative in view of most individuals more frequently. No one could hide from the stories of death for long; it was what everyone who was connected was talking about. Dr. Hinch saw the need to step in and Travis was one of the few who sat down with him and genuinely acted like he wanted to hear what the doctor had to say. Together, they created Motus Inc. and shut down social media access across the county.

“What did you want to talk to me about Mr. P...uh Travis?” Dr. Hinch asked.

“Well I was going over the figures this morning and color me impressed, Liam,” Travis said. “I don’t doubt that by the end of the next year we will have every state on board with a working facility to send all those that need it.”

Dr. Hinch nodded. “I think winning over Montana was huge for that area in the north. I expect the Dakotas to follow suit within the coming months.”

“Agreed, agreed,” Travis responded. “If I was with you in that office, I would toast to our success. But anyway, is everything else going smoothly? I hear there has been a peak in people

upgraded to blue status along the west coast and I don't need the same issues we had when the program first started."

"Travis, the reason why we had so many issues at the beginning was that people were having trouble controlling their emotions in a sensible manner," Dr. Hinch responded smoothly. "You know that. We can't introduce Motus without there being issues at first. Never before was it possible for a machine to chart emotions at such a fast and efficient rate."

"Yes," President Stanley said drawing out the word, "but that doesn't explain this current peak in the west coast, especially since those states are the ones that have had the program the longest."

"Well, to be honest, I'm not quite sure what is causing this peak this time. Peaks and plateaus for a program could just be a natural trend we will continue to see throughout the program's lifetime. But, I have a team implemented to start studying these numbers. I'm not too concerned about it, for the most part."

"That's why I put you in charge, Liam. I trust you to keep everything up to code because you know how bad it would be if this program started failing...for the both of us."

In that moment, Dr. Hinch was relieved that Travis couldn't see his facial reaction.

"Well there is one thing I wanted to talk to you about before you go, Travis. I wanted to ask you about the facilities."

"What about them?" Travis questioned abruptly.

"Umm...well...you see...I just wanted to know if you could give me any information about treatment in there or the people that have since left the facility to lead a normal life."

“Oh, Liam,” Travis sighed. “We really don’t have time to get into this now. You just continue to play your role on making sure that the program is functioning as it should, and I will focus on my role of protecting the nation from this horrible illness.”

And with that the phone clicked, leaving Dr. Hinch more confused than ever in an office he once prided himself to sit in.

~

“I have sensed stress and unhappiness in your mood for the last two weeks. These spikes are becoming more regular as the day progresses. Please start deep breathing exercises when necessary and consider consulting a Motus consultant.”

Dr. Hinch sat on his couch in his home office for the fifth morning in a row as Motus scolded him on his lack of control. He felt it was easier to sleep there than under the scrutiny of his wife. He didn’t want her to see him start to lose control as the world around him spiraled on. He still had no answer what to do about Dominic besides the obvious, send him away. But whenever he seemed satisfied with that decision, something tugged at him to consider it some more.

He had visited Dominic in his bedroom the previous night. Dominic’s dark blue walls were covered in posters of different bands and movie posters that Dr. Hinch had no clue about. In some ways, his son’s walls reminded Dr. Hinch that he really didn’t know his son at all, at least not like he used to.

Dominic was lounging on his bed with a tablet in hand.

“What,” he had said as his father stared.

“Nothing,” Dr. Hinch responded quickly. “I just wanted to check on you to see how you’re doing.”

“Dad,” Dominic said rolling his eyes. “Since when do you ever check on me? But no, I’m not doing fine.”

“Then let me help you,” Dr. Hinch said.

Dominic laughed.

“Your version of help is to send me to a facility that sucks me of all my freedom,” he said. “No thanks. That will kill me, not save my life.”

“Dominic, come on,” Dr. Hinch said. “Please try and be reasonable.”

“No, dad,” he said shaking his head. “Just make a fucking decision. Put your job first or put your family first. Just make it, so I can stop waiting for you to let me down.”

The phone ringing interrupted Dr. Hinch’s thoughts.

“This is Dr. Hinch,” he said tonelessly into his phone.

“Good morning, Doctor,” Laila said. “Today is an important day. Leave your house in one hour to get to the studio on time. From there, make-up and hair will be there to meet you. Don’t worry, though, they are only going to make sure you appear normal in front of all the lights and cameras. I will arrive sometime during that to help you review your responses once and for all.”

“Laila, what are you talking about? I told you I was working from home this week.”

“Don’t act like you forgot. Your interview with *The Today Show* is today, and you’re not missing it. Now get dressed and be there on time.”

The phone went silent as Laila hung up before he could offer any protest. He wasn’t going to be able to hide out in his office today.

“You made it,” Laila said as she entered Dr. Hinch’s dressing room. Her hair was neatly tied up in a bun with a pen sticking out of the end. “Do you want to go over some practice questions?”

“Not particularly,” Dr. Hinch said quietly. He didn’t feel as put together as Laila looked having run on minimal sleep for the past couple of weeks. *Breathe in two, three. Breathe out two, three.* He felt like lately all he was doing was reminding himself to breathe.

“Well I think we should review some questions,” Laila responded pulling out her tablet and ignoring Dr. Hinch’s answer. “Do you think the program has been successful?”

Dr. Hinch sighed. “Based on our data, it appears that the rate of suicide is going down. There are less and less reports of someone taking their own life, and our facilities appear to be working to correct the situation.”

“Excellent,” Laila said. “But there has been an increase in people entering facilities and staying for a long period of time. How could you consider this a success?”

“Well,” Dr. Hinch paused as his mind brought him back to the idea of Dominic entering the facility. “The program is still new. So right now, there will be more people entering than leaving. People are now finally getting the help they need instead of hiding behind this devastating illness. If that’s not a success, then —“

A knock at the door interrupted Dr. Hinch’s answer. He looked up to see an assistant standing with his headset on and a clipboard in hand.

“Dr. Hinch,” the assistant said, “we are ready for you.”

He stood up and followed the assistant out into the hallway leading to the lighted sound stage that held an audience full of viewers. The show invited a live audience to sit in for the segment so there could be a question portion at the end.

“Just wait here until they call you to come out on stage,” the assistant said gesturing for Dr. Hinch to stand on a large x marked by white duct tape on the floor.

Dr. Hinch watched as the two co-hosts, Tamara Sharp and Dave Henderson, both sporting their own Motus wristbands, interacted with each other and the audience.

“And now we would like to welcome the mastermind behind Motus Inc., Dr. Liam Hinch,” Tamara Sharp said as she gestured towards him hidden behind a light.

Dr. Hinch adjusted his suit and tie before stepping out onto the stage and waving towards the studio audience. He walked towards the co-hosts that were seated in plush, red chairs across from the one meant for him.

He sat down and nervously twisted around his band before looking up to meet the hosts’ smiling faces.

“Well, it is so nice for you to join us today,” Dave said after the claps died down. “I have to say, this program of yours has grown substantially across the nation. For me, at least, Motus has become a significant part of my daily routine.”

“I appreciate you saying that,” Dr. Hinch responded, focusing on keeping a smile on his face. “That is one of the main goals for this system I have created. We want it to be easy and something that can be incorporated into everyone’s lives without much interruption.”

“I have to admit, though,” Tamara said, “It was quite freaky at first to have a machine talking to me in the morning and at night. Motus seems to know so much about me.” She fake shuddered to the audience and laughed with them.

“It is weird at first,” Dr. Hinch nodded his head. “But it also provides everyone with an option that is always right there to monitor you. That’s what I found in my research. People were

afraid to reach out, and now they have an avenue to go through to get that necessary help if they need it.”

Dr. Hinch settled into the conversation as each host asks different questions about the program. He was able to answer most of the questions fluidly except for one that caused him to pause.

“So, I understand that family matters have impacted some of your decisions in regards to Motus, right?” Tamara said.

“Uh...what do you mean,” Dr. Hinch said, his mind instantly going to Dominic. He didn’t think there was a possible way they could know about his family issue unless Laila said something.

The co-hosts looked at each other briefly before meeting Dr. Hinch’s eyes again.

“What Tamara means is the inspiration your brother had in the program,” Dave said gently.

Relief washed over Dr. Hinch and his shoulders relaxed downward. “Oh right. Yes, well, it is no surprise that my family has experienced its own emotions when dealing with suicide. I don’t think he is the sole reason why I created this, but I definitely consider him a strong force that pushes me to make this program as effective as it can be.”

The audience clapped along with the hosts.

“Now is the time in the segment where we will open the floor for audience questions,” Dave announced gesturing towards the seated group. “If anyone has a question for Dr. Hinch just raise your hand and one of our crew members will bring you over the microphone.”

Instantly, ten hands went up waving back and forth to try and catch the attention of the crew.

“Hi, my name is Donna, and I confused about what happens to the people once they go into these...what do you call them...treatment facilities?” A middle-aged brunette with her hair tied back against her neck asked timidly into the microphone. Many people in the audience nodded along with her question. “We never hear in the news or anywhere about what happens there. How am I supposed to know that this is actually working?”

Dr. Hinch cleared his throat. “Donna, I’m glad you asked this question,” he said slowly, trying to gather his thoughts. When it came to the treatment facilities, he still hadn’t figured out the best way to describe them. “The role of the facilities is to take the person out of his or her situation that is proving to be dangerous to their mental health and wellness. What happens within the facilities is based on the what our trained staff thinks is necessary to help get that person on track.”

Another audience member stood up with a microphone. “But why haven’t we heard about any of the success stories? Has anyone actually left the facility?” He asked and many people in the audience murmured in agreement.

“Yes, there are success stories,” Dr. Hinch said slowly. “Understand, though, that this is only a few years in the making. Each case is different so there is no exact timeframe of when someone is considered ‘healthy’ again.”

“But what about my daughter?” one man shouted standing up. “We haven’t heard anything the past two weeks.

“Yeah,” someone else shouted from the back. “My family hasn’t heard anything about my cousin in the past three months besides an occasional letter. How are we supposed to know they are okay?”

“Tell me if my daughter is okay,” the first man said starting to step down the bleachers towards the stage. “I have a right to know what is going on.”

“Um, sir, it’s all...um...circumstantial,” Dr. Hinch tried to say over the uproar of the crowd as many called out about their own family members. He looked desperately to the side of the stage to see Laila standing behind one of the cameras.

The hosts tried to call order to the man before he got dragged out of the audience by security.

“Well,” Dave said into the camera. “After that we are going to have to take a short commercial break. Thank you, Dr. Hinch, for coming on the show today.”

Dr. Hinch shook both hosts hands and walked quickly off the stage without saying anything to Laila who was waiting at the edge.

~

“Hi, dad,” Dominic said.

Dr. Hinch looked up from his computer screen to take in his son’s lanky body leaning casually against the door frame to his home office.

“Oh, hi son,” he said. “What can I do for you?”

“I just wanted to see how you’re doing. Mom said you haven’t been joining us for dinner the past three nights because of the interview.” That was true. Ever since *The Today Show*, Dr. Hinch had been staying late at the office to put out fires. Many people were starting to ask the same question about the facilities, questions that he had no answers to and the president was refusing to respond to.

That afternoon Dr. Hinch got an angry call from President Stanley asking him why he froze during the interview.

“The office has been more crazy than normal,” Dr. Hinch agreed. But that wasn’t the only reason why he wasn’t at dinner. He didn’t know if he could look at his family without having that other father’s words echoing through his head. *But what about my daughter.*

Dominic sighed and ran his hands through his already shaggy hair.

“I just...” he paused and shook his head.

“What, son?”

“I just want you to know that I’m sorry for the other night, and I understand why you did it. Why you created the program.”

“You do?” Dr. Hinch said leaning back against his chair.

“Yeah, I do. You’re afraid of losing someone else. And I get that,” Dominic turned his face away from Dr. Hinch’s to stare at the doorframe. “But Motus can’t...no... won’t work because none of you guys understand or want to understand.”

“Dominic,” Dr. Hinch said standing up. “Understand what?”

His son looked back at him.

“What it is like to feel so lost and misunderstood that you have nowhere to turn. And locking someone up can’t fix that.”

~

Dr. Hinch sat at the Motus Inc. office with a stack of files across his desk. Many complaints were filled from other families wondering why they, too, hadn’t yet heard from their loved ones. President Stanley was dodging his many phone calls on how to answer these questions and for the first time since Dr. Hinch thought up the corporation, he was wondering if Dominic was right. Was it possible that the government just didn’t understand the problem?

“Motus,” Dr. Hinch said towards the wall where the machine hung. “What is the status of Dominic?”

“Still no response,” the machine said. Though the machine had no thoughts or feelings, Dr. Hinch liked to believe there was a possible sigh in that response. Like Motus understood what he was going through. Laila pestered him about what he was going to do about Dominic after the interview, but then the news sights blew up and all further conversation halted.

His desk phone rang beneath a pile of newspaper articles.

“Hello,” Dr. Hinch said as papers fluttered to the floor that had been cast aside.

“Liam, they’re here,” Kate’s voice screamed through the receiver.

“Kate, who’s there? What is going on?” Dr. Hinch said.

“The president is here,” Her voice was muddled under the sound of her crying. “He says he is here to take Dominic.”

Dr. Hinch didn’t respond. Instead, he slammed the receiver down on the desk before grabbing his car keys and heading towards the door.

~

“What is going on?” Dr. Hinch said as he entered his kitchen. His wife was standing against the counter with tears running down her cheeks as Dominic sat with his head down at the table. Dr. Hinch couldn’t make out his son’s expression

“Liam, calm down,” President Stanley stepped forward from behind Dominic. Next to him stood two secret service agents, Krandall from *Assist and Recover* and Laila.

“Calm down,” Dr. Hinch said walking closer to President Stanley. “Calm down? I get a hysteric call from my wife saying you’re taking my son. Don’t you dare tell me to calm down.”

Dominic looked up at him, then. There were a couple tears streaming down his face.

“Dad, please don’t let them take me.” Dr. Hinch couldn’t remember the last time he had seen his son cry.

“Laila,” Dr. Hinch said, ignoring his son. “I thought I told you I would handle this.”

“You did,” she said stepping towards Dr. Hinch. “But you didn’t handle anything. I am just following the protocol that you set forward. When I saw that you weren’t capable of making a decision, I decided to contact President Stanley to do what is best for the company and for you son.”

Dr. Hinch let out on short laugh.

“Don’t act like you did this for my son,” he said. “You did this to save your own ass in and throw me under the fire.”

She shrugged her shoulders and looked down at the tablet in her hand.

“It has been months since your son has checked in regularly,” she said. “His mood swings are up and down every day. You created the program to help people like this, so let us help you son.”

“Damnit, Laila,” Dr. Hinch said slapping the counter top next to him. Kate jumped at the noise. “For the last time, this isn’t some stat on the tablet. This is my son. I can’t just throw my son into a facility without a second thought.”

President Stanley shook his head.

“Do you honestly think that’s not what every parent feels when our company comes in to take a child?” President Stanley said. “But that’s the job. People aren’t capable of deciding on their own when someone needs help so we decide for them. As the creator of the program, I thought you would be able to make these decisions intelligently, but clearly you aren’t capable of that anymore.”

“Maybe the program is wrong,” Dr. Hinch shouted throwing his hands up. “Maybe we aren’t the best people to make that decision. We can’t even tell people what treatment goes on in those facilities.”

“Dr. Hinch, stop,” President Stanley said. “That is not your area, and you know that. We are taking your son to help him and that is final.”

President Stanley placed his hands on the shoulders of Dominic, who still sat hunched over at the kitchen table.

“Time to go, son,” he said. Krandall stepped forward, too, and placed his hand on Dominic’s arm to get him standing.

“I can stand on my own,” Dominic said, shoving both men’s hands off him and standing up from the table. “So you’re just going to let them take me?”

Before Dr. Hinch could answer, he felt Kate push past him to grab Dominic.

“You can’t take him,” she said at President Stanley, wrapping her small frame around her son. “I won’t let you take my son. Do something Liam.” Her face turned towards his.

“There’s nothing I can do,” he finally said, his voice cracking.

Kate collapsed to the floor as the secret service and Krandall pushed her off of Dominic and grabbed him by both arms.

“I trusted you,” Dominic shouted at Dr. Hinch as the secret service and doctor from the facility ushered him towards the door. “I trusted you to for once to choose me, to help me.” His voice echoed through the house.

Dr. Hinch stood rooted in his spot, staring back and forth between President Stanley and Kate who sat crumpled on the floor.

“Well,” President Stanley said breaking the silence. “This should come as no surprise but go to the office tomorrow, pack up your things and turn in your badge. You clearly don’t have the capabilities of running the program anymore. You’re fired, Dr. Hinch.”

President Stanley walked out the door, leaving Laila behind.

“I told you to handle it,” she said before following the president out.

Dr. Hinch fell against the counter. He felt like the breath had been knocked out of him. He turned towards his wife who had streaks of mascara smeared down her cheeks.

“Kate,” he said stepping towards her.

She held up her hand to stop him as she pulled herself up off the floor.

“Don’t you dare say anything,” she said. “You and this program have ruined everything.”

She turned and walked out of the house, slamming the door behind her.