

The Lives We Leave Behind

‘It is a damned fool of a world.’

- Madeleine C

I

The Sheltered Workshop Building at Willard Asylum stands high above Seneca Lake, the largest of the glacial Finger Lakes in New York State. Because the Sheltered Workshop Building is due to be pulled down, a team of people climb the narrow steep stairs to the loft. They are looking for artefacts that will memorialize the 126 years of the asylum’s history. As they open the door, a long stream of sunlight from windows at the far end lights up, on either side of the room, rows upon rows of wooden racks. Stacked as high as the ceiling, these makeshift shelves are filled with trunks, an assortment of old leather doctor’s bags, and suitcases: men’s on the ‘left side, women’s on the right, alphabetized, labeled, and covered by layers of bird droppings, dust, and cobwebs.¹ On the floor, a bunch of discarded keys, a single hooked earring, an open bag, and a small broken compact mirror that reflects the wooden beams above.

In section C, there is a large trunk. It belongs to Madeline C, Patient 22040. Her real name is Madeleine and she is a native of Paris, France. Her name, with a missing ‘e’ has been anglicised, made into something it is not. The C stands for her last name, but the State of New York has hidden her surname so that her real identity is hidden, private; it will stay that way for the next hundred years.

Brushing the dust off the trunk and wrenching open the leather straps that have held it closed since Madeleine’s incarceration, one of the team, Darby Penney, lifts the heavy lid. Inside, there are handfuls of black-and-white photographs. In one, Madeleine, as a young woman, stares slightly off to the right; her oval-shaped face, unsmiling lips and strong, straight nose suggest a certain seriousness, an awareness that maybe that the world is not *quite* as it should be.

There are other photographs: Madeleine hiking in the Adirondack mountains, skating in central park, or at a private dinner party in some exclusive New York residence. One photograph shows Madeleine, as a young woman, frowning into the

sun from the deck of the *Britannia*. It is 1921, and she is travelling from New York to Marseilles, stopping off in the Azores, Portugal, Spain, and Gibraltar.² In the photograph, she looks old for her age, over dressed in a heavy dark wool jacket and long skirt. One clenched hand is held tensely against her waist; her other hand is flattened against her upper chest and neck, as if she is gasping for breath, her heart too full for this journey, this leaving and returning home.

In the trunk there are also copious volumes of philosophy, literature, poetry, and psychology: Baudelaire, Nietzsche, Freud, Shakespeare, some Michel de Montaigne: *On Fear*, *On Sadness*, and *On Giving the Lie*. There are several red leather-bound date books, sheet music by Schumann, Mozart, and Debussy, and essays Madeleine wrote at Columbia University. In one, she analyses the unpublished love letters of Napoleon Bonaparte and Josephine, comparing the love of country, war, and glory to the love between a man and woman. While war is what Bonaparte does, it is his love for Josephine that brings him a sense of his own being, ‘a sense of life . . . happiness and rest.’³ This in itself is glorious. Achievements, possessions, things, Madeleine’s argument implies, are, on their own, with no one to love and share them, meaningless.

In her trunk, too, an exquisitely carved duck’s head walking cane, a golf club, and an espresso pot. Fine clothes, folded neatly, lie below. There is a well-tailored riding habit, a day coat with princess line seams at front and back, and a silk satin peach-coloured dress with beautiful, cream-coloured ‘lace inserts’. On the back of the dress, written in black ink, her institutional designation: *M. C / 145*. The ink bleeds through the material, identifying Madeleine as a patient, as one diagnosed with schizophrenia, as one who is owned by the state, in need of being locked away.⁴

II

It is 2007. I pack my son’s case. I fold his clothes: his favourite jeans, his *Rock ‘n Roll is Here to Stay* tee shirt, the black Nike hoodie I bought him the previous Christmas, and his knee-high socks that he needs to wear with his leg braces. I place the socks alongside his favourite CDs—Eminem’s *Come as you are* or Nirvana’s *Smells like Teen Spirit*—as a kind of buffer so the CDs won’t get broken when the suitcase, as is inevitable, gets tossed around. In a separate case, I place his guitar, his stamp collection, and some photographs.

In one of the photographs, Jordan is with his two brothers, Dani and Kieran. It is taken at the rehabilitation hospital in the north of Canada where we used to live. Jordan sits at the centre of the picture in his wheelchair, Dani on one side and Kieran on the other. The boys, all dressed in different shades of blue, smile dutifully as I say ‘smile’ and click the shutter. I put my favourite photograph of Jordan and his sister, Aila, in the case too. They are making a cake together and they have to stand on chairs because they are too small to reach the counter. They hold up their fingers, all covered in cake mix and, as I take the picture, they lean forward, making growly faces as they stretch their fingers out towards me. I laugh, say they look like the cake monster I tell them stories about when I put them to bed at night.

In the case, I also put Jordan’s toy car collection, all of the models still in their original boxes, and his coin and stamp collection. Although he is twenty-one, I want him to be surrounded by familiar things when his father takes him to his home, a whole six-hour plane ride away. Like Madeleine, Jordan has been diagnosed with schizophrenia: ‘a psychotic disorder (or a group of disorders) marked by severely impaired thinking, emotions, and behaviors.’⁵

III

Schizophrenia, a term coined in 1910 by Paul Eugen Bleuler replaced the older term “dementia praecox” (dementia of early life) and comes from the Greek word “Schizen,” meaning broken and “Phren,” meaning soul, spirit or mind.⁶ Unlike Emile Kraepelin, who invented the earlier term, Bleuler did not think the illness was a hopeless condition, but, rather, that it indicated a higher consciousness or at least a higher awareness of the chaotically painful and troubled world in which we live.⁷

R. D. Laing, writing in the sixties, would seem to agree with Bleuler. Interpreting the term schizophrenia as a broken (schizen) heart (phren), Laing argues that schizophrenia is a reaction to the outer, so-called ‘normal’ world. The schizophrenic person is split, broken, as he struggles to reconcile what he knows to be true with the untrue norms, mores, and rules, the false conventions, that control us. As Laing argues, from this perspective, it is the ‘normal’ man who is insane. We are mere ‘half-crazed creatures more or less adjusted to a mad world.’⁸

Madeleine was right when she said it is “a damn fool of a world” that takes what is true and makes it untrue, mad even.⁹

IV

One of the photographs in Madeleine's trunk reveals her as a child of no more than nine years old. She is in a long white dress and stands behind a round-backed Victorian child's chair; in her hands, she holds a Bible. The photograph, possibly to commemorate her communion, looks posed, awkward. She has been ordered not to move, to wait until the perfect moment when the shutter can capture her in all her sweetness, youth, and piety.

There are no photographs of Madeleine's graduation from the Sorbonne, from which prestigious institution she received a BS, 'half way between a Bachelor of Science and a Bachelor of Arts'. The year is 1917, and the First World War rages in Europe. 'All roads lead to France,' Edward Thomas wrote in reference to the arrival of the Yanks in Paris in that same year. Hundreds of them marching in straight lines through the city's streets. And the French people celebrating, throwing flowers, crying at the prospect of their liberation. In the background, German bombs explode on the streets, on the houses, and the grey-green clouds of nerve gas drift on the wind, reaching, at one point, only seventy miles from the centre of Paris.

In the background, too, Madeleine's mother, Margaret, and her father, Phillip, who runs a successful brandy distillery. They send Madeleine to America for three months. I don't know if it is to escape the carnage in Paris or to reward her for getting her degree. What I do know is that Madeleine's trip to America becomes more than a holiday: a place she wants to stay. I think America, with all its wide open spaces, must speak to her of freedom, of her longing to find herself—sensitive, intelligent, thoughtful—in a world gone wild.

When she first settles in New York, Madeleine works for a French Mission on War Debts, then in a French bank, and then in several teaching positions, teaching French Literature to private school children. She is sociable, friendly, intelligent, opinionated, and, being French, a little exotic. She soon becomes a popular addition to a group of privileged New Yorkers, who welcome her to their homes, to the expensive restaurants they frequent. They take her with them on their weekend trips to the country. But, at some point, her wealthy parents must withdraw their support. Even though she works, she can't keep up with her new friends. She is, after all, essentially an immigrant, a novelty. And alienated from her parents and the people she has grown up with, she is vulnerable.

Like Lily from Edith Wharton's *House of Mirth*, Madeleine's social fall from grace is long and tortured: she loses her job, her health, the support of her rich friends, her home. She, the child of wealthy Parisian parents, an educated socialite, is forced to live in increasingly shabby boarding houses. The culminating event seems to be in 1932, in the height of the great depression, when she develops whooping cough—'When shall I get over this horrid whooping cough' she writes in her date book—and is fired from her teaching position. Desperate and hungry, she bills a meal to one of her former friend's accounts and she is detained by the police. The Emergency Work Bureau, set up in the depression to help people in need, are called in. They give her some money for rent, but she doesn't stay in any one place long. Her landladies, and "women in general" it seems, find her 'idle and grandiose . . . tactless and domineering,' even, as the Mother Superior of her last teaching position commented, 'rather unpleasant' and 'peculiar.' Constantly, she is asked to move on.

It was the Emergency Work Bureau that first referred Madeleine to the New York Psychiatric Institute for outpatient treatment. Madeleine goes voluntarily. She goes not only because she is depressed by her situation but also because she is interested in what psychiatry can tell her about the mind. She is attracted to Freud's theory about psychic energy: the idea that the human personality is driven by the energetic relationship between the unconscious id, the ego, and the super ego. 'Read Freud' she writes in her date book, 'See invisibility. Strong thoughts on the development of super refinement.' Here she is referring to the tendency of the super ego to prescribe or refine reality to such a degree that it becomes a control mechanism, a way of forcing conformity. According to Freud, this pressure to conform begins in childhood when parents force their children to repress their unconscious instincts. If the parents are particularly controlling or abusive, the child loses contact with her truth, her inner self. She becomes invisible, psychically split between two realities: schizophrenic.

Madeleine's desire to understand how the mind works in relation to these visible and invisible forces is what draws her not only to Freud and psychoanalysis, but also to the occult. For her, they are simply two different sides of a coin. She shares her interest in the occult with Sarah Moore Hartshorne, a fellow traveller in the world of spirit, and Rev. Dr. Robert Norwood: a poet, a prophet and a pastor at St. Bartholomew's. In his parish, Rev. Norwood ministers mainly to immigrants. These immigrants are, like Madeleine, alone in their new country and Rev. Norwood

shelters them, feeds them, attends to their lost souls. Rev. Norwood, however, pays particular attention to Madeleine. He meets with her, encouraging her to use her mind to ‘penetrate everything,’ to communicate with the living and those who are not ‘really’ there. She practices this. In her date book, Madeleine writes that ‘some of his little tricks to make me know he was there were just adorable.’ When Rev. Norwood dies in September, 1932, Madeleine is clearly upset. She writes, ‘Dreadful news at dinner. R. Norwood is dead; a mind like his at the zenith of his intellectual power. Gone!’

Ironically, her interest in the power of the mind, and, specifically, her belief that psychiatric medicine could help her understand these telepathic or psychic associations, is the ultimate cause of her downfall. Her friend, Sarah Moore Hartshorne knew this. At one point, she warns Madeleine that it is foolish to openly talk about her interest in psychic matters. Even though the two women often speak of mystical experiences, Sarah keeps her interest quiet. To go public with it, as Madeleine did, to go as far as to proclaim it food for further study is to mark you as odd, strange. In the eyes of ‘normal’ society, it will condemn you. Commit you even.

In that same year, Madeleine’s attempt to get the medical community intellectually interested in mental telepathy led to her being referred to Bellevue for evaluation. Her doctor, feeling he couldn’t help her any more, wrote to the doctors at Bellevue, stating his opinion that Madeleine had ‘a far advanced case of schizophrenia.’ Madeleine, however, having been told that she was being transferred there to study psychic phenomena, was surprised when they ‘committed her to a locked psychiatric ward.’ Within weeks, she was transferred to Central Islip State Hospital on Long Island, where she was identified as being ‘excitable and dramatic.’

Loudly demanding her release, Madeleine proudly proclaimed, ‘I am not supposed to be here at all. It is completely absurd.’ And it is true, that on further examination the doctors stated that she was ‘apparently normal’ and not any of the labels previously applied to her: she was not ‘schizoid, cycloid, paranoid, epileptoid, hysteroid, [or] nuerasthenoid-hypochondriacal.’ They also said she didn’t suffer from ‘anxiety disorder,’ and that she was not ‘compulsive-obsessional, psychopathic or unstable.’ But this didn’t stop them for incarcerating her for five long years.

During this time, she wrote letters to her lawyer and to the hospital superintendent demanding her release. She argued that her rights had been violated and that she had been wrongly incarcerated. She also wrote letters to her friends and

acquaintances, appealing to them to help her with her desired discharge. Although logical and clear, these letters were either not answered or deflected by the hospital staff who advised the enquirer that the matter was best left with them. Madeleine's insistence that she did not belong in an asylum and that her mind was 'not upset' became, in short, evidence of her unwillingness to see the 'truth' of her insanity. When she emphatically claimed that she did not 'belong here,' the doctor wrote in his notes, 'Insight: Poor; Judgment: Poor. This patient is delusional, hallucinated and has no insight whatsoever in her condition.'

I think maybe her poor judgment, her delusional attitude, reflected more accurately her naiveté about how her status (a single woman, alone, an immigrant, admittedly educated, but poor, out of work, and interested in practices and beliefs outside of those considered "normal") left her exposed, defenceless, assailable. Clearly, she did not understand how the dominant beliefs of her time, policed in some respect by the medical profession, prescribed limits on what was considered acceptable, rational or sane. Exceed these limits, as Madeleine did, challenge them, and there is something wrong, something amiss, something broken even.

V

In a *Globe and Mail* article titled, 'What Fragility Can Teach Us,' Mark Kingwell writes that breakable things can teach us profound lessons about the limits of goodness.¹⁰

As I pack Jordan's suitcase and send him on his way, I question the limits of my goodness. In one sense, sending Jordan to live with his father is a sensible move: I am working full time while also finishing a PhD in Literature, and his father has retired early. He has time, money, and a large extended family, courtesy of his new wife; I have no time, no money, and no family support. Maybe more importantly, it has taken me three long years to get Jordan diagnosed and I am both a little afraid of his increasing violence and a little doubtful of my ability to help him heal. And I am tired: worn out. 'It will be good for him,' the doctor tells me. 'Every boy needs a father.' Nice platitude. His psychologist points out that 'Jordan needs a firm hand. He will be able to help him in a way that you cannot'. And I believe him.¹¹

But I remember Jordan's eyes when I told him that he was going to have to go and live with his father, that I couldn't do 'it' any more. He was lying in his hospital bed, white sheet tucked up below his chin, and he stared at me, eyes pleading. To say

his father has been absent, uncaring, is an understatement. But now he wants to care, to make up for lost time. 'I just can't do it anymore,' I tell Jordan. 'I'm tired.' Just when he needs me the most.

There is a photograph of Jordan when he is six or seven. I put it in his case. He is riding his newly adapted bike across the school gym. Because Jordan also has cerebral palsy and cannot walk or balance himself properly, the bike has extra large training wheels on the back and straps on the pedals to hold his feet in place. The local newspaper has come out to take pictures and Jordan is enjoying all the attention. The children from his class are equally excited as they run behind him, yelling their enthusiasm as he masters one full circle of the gym, then another, and another. The man with the big camera stands on the side and as Jordan rides past, the shutter clicks and clicks and clicks. The picture appears in the local paper, revealing a sideways shot of Jordan, head slightly turned, and laughing, as he leans forward, legs pushing, feet pressing, arms pulling him happily into a future where he can, at that time, see only good things. The headline reads, 'Local Disabled Boy Finds Freedom.'

But for Jordan, this sense of freedom was but a brief interlude. In his early teens, his school friends no longer applaud him; they tease him, make baby sounds when they speak to him, and pin "retard" on his back as he passes them in his wheelchair. The adults are no better. Because he has great difficulty reading and writing, his high-school teachers decide he needs practical job experience, so they give him little jobs to do instead. He spends most of his day dragging his walker around the classrooms picking up the rubbish bins from the rooms. I am furious. They tell me they are teaching him important life skills. I disagree and they promise to teach him properly. They don't. Later, he gets in the wrong crowd, a group of other boys who don't fit the 'normal' template. They play video games and laugh a lot. He starts smoking pot.

At the same time, he becomes increasingly indecisive. One day, Jordan leaves the house looking worried and mumbling to himself; he comes back over fifteen times in the period of half an hour. When he does settle down in the big armchair, he keeps glancing nervously at the door as if someone we can't see is there, hiding behind the wall, the door, the curtains that fall copiously from either side of the big windows.

Then he becomes violent. In an angry outburst he demands money from me. When I refuse to give it to him, he takes a hammer to my car windscreen and jams a kitchen knife into the hard rubber of my car tires. He flattens two of them by the time

my older son, his brother, manages to stop him. Taking the knife from his hand and pushing him down on our front lawn, his brother sits on him until he calms down.

‘Don’t hurt him,’ I say, not sure which son I am talking to.

By the time Jordan is eighteen, the occasional insomnia that has haunted him for the past few years has become a regular occurrence. The doctor tells him that people who have cerebral palsy often have compromised nervous systems and sometimes this manifests as insomnia in the teenage years. The nervous electrical energy coursing through their bodies jump starts them awake, and then the problem becomes how to get back to sleep. Jordan is told to count sheep. I buy him a magnetic mattress, all ions pointing north. It works for a while, and then the sleepless nights return full force. Later he said that it was in the night that he began hearing the voices. They whispered at him through the walls, came up through the springs in his bed. Told him to do things.

I take him to see a psychologist. When Jordan becomes violent, slamming his fist down hard on the table and swearing, the psychologist calls security and tells me he can’t see Jordan again. ‘Tough love is what is needed here,’ he tells me. ‘This kid has behaviour problems; he needs to hit rock bottom. Maybe then he’ll learn what he has.’ I take him to his neurosurgeon and his epilepsy specialist and they concur. The general consensus is that I should send him to his father, who would undoubtedly do a better job than me.

If the psychologist didn’t recognise any of these symptoms as schizophrenia, I certainly didn’t. Schizophrenia, as a term, let alone an actual illness, did not even exist in my frame of reference. I didn’t know then that 1) as an eighteen year old man, Jordan was at the optimum age to develop schizophrenia; 2) the early injury to his brain that had resulted in cerebral palsy and a gap between his “normal” auditory intelligence (IQ 125) and his below average visual perceptual intelligence (IQ 60) could cause a disjunction between his thinking and emotional feeling capacity that could result in schizophrenia; 3) genetically, schizophrenia ran in his father’s family; 4) marijuana, although medically supportive of epilepsy, which Jordan also had, is a major cause of schizophrenia; and 5), in a Freudian sense, his father and I could have caused it by giving Jordan mixed messages, by failing to provide him with a clear

sense of himself. By not being there for him in the way he needed when he needed us the most.

VI

Madeleine's parents are also, in their own way, conspicuously absent. In Madeleine's trunk, there are no photographs of them, no letters, no mention of them in her date book. The only time she refers to them is in a meeting she has with Dr Bittle when she is admitted to the Central Islip Hospital in 1932. In this interview, she claims that both her mother and father are dead and have left her a large sum of money. However, the Chief Medical Inspector manages to contact Phillip, her father, who acknowledges that he is not only very much alive but also that Madeleine is his daughter. However, he writes back that 'He cannot care for her in his home and does not desire her repatriation to France.' There is no word from Madeleine's mother or any other relative. Her friends have also deserted her.

This means that on the 1st May, 1939 when Madeleine is sent to Willard Asylum, she is entirely without support. She is driven there by bus and train with hundreds of other patients, all of them shackled so they cannot escape. All of them, confused and frightened. There is no longer any doubt about any of their diagnoses. They are all in need of incarceration. Upon arrival, Madeleine is classified unequivocally as belonging to 'Group 17 Dementia Praecox, of the Type: Paranoid.'

This classification does not stop Madeleine from complaining to the doctor that she was taken there against her will, that they had given her no prior notice and not told her where she was going. She loudly objects both to her diagnosis and her resulting incarceration and she continues to resist it for the full forty-seven years she is there. This resistance is taken as evidence of her insanity. She is given electric-shock therapy: strapped down on a table, a piece of leather inserted in her mouth and wires attached to her brain. When the nurse flips the switch, the electrodes pulsing through her brain make her body go rigid, arching in an unnatural backwards bend. She collapses in uncontrollable jerks and waits, in horror, for the process to be repeated time and time again. These electric pulses destroy her short-term memory so that when she wakes up she can't quite remember why she is there, who she is even.¹² Fading from her consciousness are her much loved books, relegated now to the attic, her inspiring conversations with Rev. Norwood, and those beautiful spring days, when, hand in hand with her mother, she would walk down the tree-lined *belles*

promenades of the Champs Elysees, the dwelling place of the blessed, the sun on her face. Her whole life in front of her.

In the fifties, the doctors at Willard give Madeleine anti-psychotic drugs. Not only does she become zombie like, the chemical lobotomy (as opposed to a real lobotomy: her brain made into mush by inserting a wire through her eye) numbing her brain, but she also develops tardive dyskinesia, a by-product of the drugs. There is no remembering the words of great philosophers any more, there is no more reciting passages from Baudelaire or Zola, there is only this rigid, fidgety feeling that jerks her body and makes her drawl. The doctors don't know enough to realize that it is the medication that causes her involuntary facial grimaces and they tell her she has an attitude problem and needs 'attitude therapy.'

A picture, taken by the institution, an inmate snapshot with her patient number written at the top, shows how these facial grimaces and twitches make her face look coarse, hard, bitter, twisted even. I see her pain, the medicated mental cage in which she is emotionally and physically locked. I don't see *any* beauty anymore. I wonder if she even remembers her trunk, locked and untouched for many years in the attic, and its fine, cultured contents: her sheet music, her fine lace dresses, the photos that speak of another life, no longer hers.

VII

When Jordan's father takes him all the way across the country, a whole six-hour plane ride away, to his house in Timmins, Ontario, he takes his clothes and puts them in the dresser in the spare room. The other things, the things Jordan loves—his collections, his music, his drawings and short stories—he puts in the basement.

At that time, Allen, his father, lives in a big house on a lake in Northern Ontario. It is meant to be quiet and restorative for Jordan, but Allen is worried that if Jordan is allowed outside, he will run away. His wife does not like Jordan wandering around the house because she is scared of him. So Allen puts a lock on Jordan's bedroom door. Because they are embarrassed by Jordan's 'odd' behaviour, all that stumbling around in his walker and strange looks and beliefs about people who are not really there, they keep him away from the rest of the family.

At one point, Jordan attacks Allen. He leaves his walker and lurches towards him, fists flaying at his father's face. When Jordan lurches to the bathroom and tries

to slash his wrists with a razor, Allen and his wife laugh at him, at the impossibility of this mission, given that razors are encased in plastic covers to prevent this very thing.

But the next day, Allen moves him to a motel. This motel sits on the side of a highway. It is small, dirty, and the walls are thin. The voices are getting worse. 'Jordan can't stay here,' I tell Allen when I fly from Alberta to Northern Ontario to visit him.

So Allen moves him to a small house he owns in the town. He furnishes it with a bed, a sofa, and a television. He puts food in the cupboards and tells Jordan that he will come in and see him twice a week. 'It's not easy,' he tells Jordan, 'because I live forty minutes from here.' When Jordan is on his own, the sound of the refrigerator whirring makes the voices get louder, more abusive. Jordan thinks there are ghosts in the house. They talk to him in the night, whisper to him in quiet moments during the day. Late one evening, when it is -20 outside, he is so terrified, he runs out of the house in his bare feet. Because he drags his feet as he pulls himself along in his walker, his feet are not only frostbitten but skinned: the blood frozen against his raw flesh.

A month later, Allen drives Jordan four hours to the North Bay Mental Hospital. He goes there to learn how to live with his schizophrenia. 'It will be good for him,' Allen tells me. 'It will help him learn what he can and cannot do.' And it is there, in a small, whitewashed room with a single window with bars on it and a single iron-framed bed, that he stays for three years. His father rarely visits him. I tell Jordan that as soon as he is stabilized on his medication, I will take him back to live with me. But I live in another province on the other side of the country. I am no longer his primary caregiver. When I go to visit him, I am treated as the probable cause of his problems. After all, I am the mother who has abandoned her child. I am the neglectful parent. They talk to Allen on the phone from a distance; they refuse to talk to me.

And Jordan doesn't become stable. He gets worse. He thinks his father is the King of Egypt, a mafia boss, the devil and I am Princess Diana, a clone, a spy. The solution is more medication, different medication, extra medication, anti-psychotic medication, anti-epileptic medication, anti-depressant medication, mood stabilizing medication, obsessive-compulsive disorder medication: Clozapine, Clozaril, Leponex, Olanzapine, Zyprexa, Risperidone, Risperdal, Tegratol, Quetiapine, Seroquel, Ziprasidone, Geodon, Aripiprazole, Epival. Key to this medication, the doctor tells me, is getting the right balance: the right combination will perform a chemical

lobotomy, dulling Jordan's brain, enforcing compliance, while still allowing him, slowly and fitfully, to eat, walk, think, and speak. There is no attempt to heal what is broken, no therapy, no talking cure, no voyage to a wild and wonderful place where the mind, lost and adrift, can find itself again. Nothing.

Jordan has been in and out of mental health hospitals now for ten years. He is still not stable enough to live outside the locked-down ward in the hospital for more than a few weeks at a time. He is thirty-one years old. The future does not look good for him. The doctor at the hospital he is currently in has recently told me that he cannot stay there indefinitely. 'It's a matter of hospital policy', he says. 'People can't live in hospitals permanently.' Ironically, because there are no actual institutions anymore and because Jordan hasn't been able to function in a group home that does offer him rules and regulations as a form of support, the doctor has threatened to put him in a men's mission on the street, where there will be no support at all.

'It will be like handing him the knife to kill himself,' I tell the doctor. 'He won't survive in a place like that.'

'Jordan has to learn,' he replies. 'He can't stay here forever. We don't have enough beds for all the people who need them.'

The doctor tells me that in recent years the amount of people encountering mental disorders like schizophrenia has increased tenfold. Jordan has become a number, a product of a system that cannot cope. The system has failed him. We have failed him.

VIII

The powers that be—the establishment, the authorities, family and friends—let Madeleine down too. In her seventy-eighth year, forty-seven years after she was first admitted, Madeleine was finally discharged to a care home. However, because she was thoroughly institutionalized by this point, she never found the independence and freedom for which she yearned. Her trunk, containing her treasured books, papers, and photographs, remained behind. Madeleine died in October 1986, less than one month before Jordan's birth. She was ninety-years old. Her burial place, her last place of rest, is unknown. Madeleine's story, Jordan's story, the story of thousands of others in this situation are relatively unknown. Their lives, the lives they leave behind, tell a story. It is time for us to listen.

Notes

¹ Penney Darby and Stastny, Peter. *The Lives They Left Behind: Suitcases from a State Hospital Attic*. New York: Bellevue Literary Press, 2008. p. 13.

² Ibid.

³ Madeleine C. case file 22040. Willard Psychiatric Center Patient Records. Series 14321-95. New York State Archives, Albany, NY. Please note that all other references to Madeleine are from this source unless otherwise stated.

⁴ Darby Penney and Peter Stastny. *The Lives They Left Behind*. p.166.

⁵ *Gale Encyclopedia of Medicine*. The Gale Group, Inc., 2008.

⁶ Dementia praecox (dementia of the young) was coined by the German psychiatrist, Emil Kraepelin in 1887 in his *Compendium der Psychiatrie*.

⁷ Neel Burton, "A Brief History of Schizophrenia." *Psychology Today*. September 8th, 2012.

⁸ R. D. Laing. *The Politics of Experience*. p. 49-50

⁹ Darby Penney and Peter Stastny. *The Lives They Left Behind*. p.167.

¹⁰ Mark Kingwell. "What Fragility Can Teach Us." *The Globe and Mail*. April, 2007

¹¹ All dialogue is based on memory and is not transcribed verbatim.

¹² Darby Penney, in her book *The Lives They Leave Behind*, states that in 1942 alone, doctors at Willard Asylum administered 1,443 shock treatments (p. 109).