In My Life
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Leaving the Room to Scream - The Place of Mercy in Mental Health

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I used to know a man who lived in a boarding home in a neighbourhood of Toronto. Real estate leaflets plug certain houses by saying they're set in a 'preferred location', which is ad-speak for 'rich people live here'. Not this house: its neighbourhood is scruffy and densely packed, a way-station gathering immigrants who anticipate a new life, and a terminus for defeated souls who await the old life's end. Like the boarding house that housed him, this man was tattered, tired and dejected; on a downward drift from higher, happier days. I visit that house still in the company of a chaplain who has made it his work to befriend people clinging near the bottom of society's ladder, living isolated lives in houses like these. Some have lived on and off the street for years. A few have fallen from higher rungs of respectability. Jobs, houses, money, families, friends and self-esteem have been lost from their lives like coins flung from a pocket on a downhill fall. Some have been in prisons and psychiatric hospitals. Almost all take drugs prescribed for this or that brand of mental illness. Wretched side effects are the price they pay for fragile relief from psychotic symptoms.

I said I 'used to know' this man. That's because, a few months ago, he disappeared. He may be dead now; it's likely I'll never see him again. For awhile, police were unusually keen to find him, questioning anyone who might have known or seen him, pasting onto telephone poles his 'missing person' face, which covered up similar posters pleading for lost cats or selling used furniture. I wonder what conflicts he'd had with the law in the past that he'd be so keenly sought *now*? Was he such a danger, a social threat? In the past, when someone had gone missing from this boarding house, police response was slack. I knew he was capable of violence and destruction – but then, who isn't? I'd heard menace in his voice, seen fury in his gestures. One day, he yanked out telephone and TV cables that ran along the side of the house. The next week he pulled down gutters from the porch roof. Yet I never knew him to attack fellow residents, nor be physically violent towards anyone else. Instead, he *screamed* his violence. At what? He screamed at a vision that was vivid only to him, though he often growled the word 'therapy', and shouted vituperation about social workers, psychiatrists and psychologists. He spoke the word 'therapist' the way Senator McCarthy said 'communist', launching volleys of rage like underground missiles long stored up inside him. If there was fear or pain in his scream, it was muffled by a thick layer of voluble, visceral anger. Yet his anger, I suspect, was in fact an epiphany of misery; and the core of this misery was an unmet craving for mercy.

Yet there was courtesy in his behaviour. Never did he scream in the company of others, never in the sitting room where everyone gathered when the chaplain paid his weekly visit. He always left the room to scream. He screamed in the hallway, on the staircase, in his dull room; he shouted on the battered porch, the crumbling sidewalk, the weedy lawn. He left the room to scream the way you or I might turn aside to sneeze, to excuse ourselves in advance in a reflex act of courtesy. When his need to scream subsided he returned, visibly shaken, exhausted, muttering weak groans like receding thunder from a storm that had now passed. Always he was quietly welcomed back. And in my memory of his leaving the room to scream and his coming back to be with others – his exit and return – I find in microcosm the chronic experience of those afflicted by mental illness, their frequent and disputed crossings, as if by revolving door, of a threshold marking social inclusion from exclusion. For we detect mental illness, not in an intrinsically malicious will, but in those aberrations of behaviour and talk which we attribute to chronically flawed perception and damaged consciousness. We find it in behaviour – like this man's screaming – that disturbs social equilibrium. If such behaviour escalates, society swiftly checks it with rebuke, punishment and expulsion. It's no accident, and rather too placidly accepted, that prison populations have a higher incidence of mental illness.

And yet, alongside this man's alarming manifestation of a troubled mind – this compulsion to scream at visions seen only by him – I also witnessed his remarkable courtesy. He displayed it in a perfectly rational (may I say 'sane'?) adjustment of his behaviour to his own and others' needs. He must have long ago learned that it's less painful to exclude yourself *before* you're made to leave. And yet, if human need made him leave the room to scream, human need also drove him back: I mean his need (and ours) for conversation, recognition, understanding; and for a community where these things might be allowed to happen.

Mercy is what makes this happen. It's the social power that 'welcomes back' after we've 'left the room to scream' (so to speak) – or perhaps we've been sent away. Mercy is just what we require from and for each other. It enlivens our capacity, not only to accommodate, but also to be enriched by each other's eccentricities, deviations and differences. Mercy issues from our resolve to be with and for each other *despite* the countervailing power of mental illness to isolate its victims. And by 'isolation' I mean, for example, not just the self-imposed solitude that goes with depression, or the depersonalisation imposed by health institutions on those they're meant to serve; but also the ostracizing of schizophrenics from social life; the scapegoating of those whose pyschoses offend law

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and custom; the diagnostic stare which sees not a person but a bundle of symptoms; and the madding crowd's disregard for the damaged soul who squats by a bus shelter, craving a moment of kindness as well as spare change. Mental illness shows itself in those deviations of perception and behaviour which place its victims at the lonely ends of the 'bell curve', beyond the centre, outside the 'norm'; and therefore, very often, at the margins of society too. Mercy looks to the margins, wanting to welcome them back.

The 'margin' is the name medieval monks gave to the white space that bordered the texts they copied so assiduously. They also called them 'gutters'; and, being monks, their minds were often in them. They'd use the gutters for graffiti, obscene cartoons, paranoid comments about other monks, or scathing remarks on the boring pages of Aristotle they'd been hunched over all afternoon. In the gutters, to the margins – that's where we shove our 'shadow' side, as Carl Jung called it; our deviant thoughts, aberrant perceptions and abnormal desires. They're the troubling features of our society and our own psychology which we fear to face; and if others saw them in us we fear they'd judge us 'sick'. Mercy is the social energy we need to see and retrieve from the gutter those openly judged to be 'sick', psychologically ill, so we may reconcile them to communal life – and perhaps, in the process, we may better understand and accept ourselves as well. For mercy is a way of seeing each other kindly; and it requires a way of 'being ourselves' that is simultaneously a way of being for each other. And this reaching for 'wholeness' and integrity in the social body, for re-gathering the displaced and discarded, helps to heal not only those afflicted by mental illness but the whole social body too. This is why a community that fails to be merciful actually injures *itself* as well those it marginalizes, though the community may fail to see this, believing it's actually defending its health by purging itself of 'diseased elements'. Religion can be especially rife with this behaviour. It fiercely hates doubters and heretics because they arouse the 'true' believer's own carefully suppressed doubt and heresy.

This hazard is more acute in a society too invested in 'keeping up appearances', too wedded to dominant ideology, too ready to believe its own propaganda, too desperate to seem 'normal' (whatever *that* is). Such a society may punish talk and behaviour that calls the dominant ideology into question, labelling it deviant, a symptom of mental illness, when it may just be conscientious objection, the disclosure of truths a society needs to hear and heed. In 1851 the American psychiatrist, Samuel Cartwright, coined the term *drapetamania*, from the Latin *drapeta*, meaning 'fugitive', to denote what he colloquially called 'flight-from-home madness'. Why *were* slaves fleeing their masters? He reasoned that, since there was nothing wrong with slavery, there must be something wrong with delinquent slaves. So any slave who tried to run away more than twice he diagnosed 'insane'.[1] Not just real or imagined totalitarian regimes, then, like Stalin's Soviet Union and Orwell's Oceania, but 'open societies' which make democratic noises may also brand as 'sick' those whose talk and behaviour betoken unsavory truths hidden by the whitewash we call 'normal'. For we do resist facing the shadows we hide within the borders of society, or inside our very selves. And a time-honoured way to avoid our own aberrations is, under the pretext of social health, to punish those aberrations in others, pushing them to the margins. Why *are* we so loathe to speak to mentally-damaged souls who crouch in a literal gutter, begging for a bit money and a word of kindness? I suspect it's because we're loathe to face what their presence says about us.

More than any other kind of malady, mental illness calls our very sense of self into question. If something goes organically wrong with my heart or liver, it certainly disrupts my life. The disruption might even 'mean' something. It may call into question certain aspects of my life, showing me things I need to know and change. Doctors help patients, not just when they prescribe drugs and operate on them, but when they teach them what the body reveals in the course of a disease. For the word doctor *means* teacher (or it used to); and 'understanding' – both the kind that's given and the kind that's received – is always healing for the spirit, and often for the body too. But if my illness is not specifically bodily, but 'mental', impairing my consciousness and perception, something much more frightening happens: my very sense of self is now in question. If my mind senses its own impairment, if it is not 'my body' but this 'I' who feels damaged, then who *am* I? I need mercy. I need to be seen, heard and addressed not just as one more object of an organic disease process, but as a subject experiencing a crisis of meaning. For I am not an 'it' but a 'thou', as the philosopher Martin Buber put it. I am not just a routine problem in organic chemistry and physiology wanting to be solved, but a personal mystery needing witness and recognition. I need to see and be seen, to hear and be heard, by another subject, another 'thou'. "I am because I am *seen* at a certain depth," writes Rowan Williams. "I require a faithful presence to hear my narrative....I have no reality as a subject that is not also a reality for and in another subject." [2]

A merciful community knows, consciously or not, that mental health resists reduction to complex brain chemistry and physiology. Of course consciousness must involve chemistry and physiology, but I've never understood how it can be reduced and held to this level of explanation. For mental health must involve, irreducibly, the experience of *meaning* which erupts from our complex brain chemistry into consciousness. My I borrow a shop-worn analogy? Paintings are made from paint, which are made from pigments, which (like our brains) are made from complex chemistry. But we're drawn to look at paintings, not because they're made by chemistry, but because they're made by an artist. So although, in one sense, a painting is nothing but a complex array of chemicals daubed onto canvas, in another sense it's so much more. And that 'much more' is conveyed by the conscious intention of the artist who has arranged the paint *this* way rather than that. There is 'reason' in art, as well as emotion. It's in the arrangement, the physical pattern, that we find meaning and delight; sometimes we call it an experience of 'beauty'. In a similar way, our mental health requires a higher level of care and explanation than chemistry and anatomy alone can afford, one that recognizes human intention and motive, thought and emotion, and brings our perceptions to speech. It would be an odd doctor who diagnosed a patient complaining about 'excessive blushing' with a physiological condition called 'excessive surface blood flow', and tackled the problem on *that* basis, rather than diagnosing a psychological condition called 'excessive shyness', and explored ways to improve the patient's self-confidence. For blushing is, of course, a symptom of self-awareness – or rather, the awareness of self-exposure. And it is a dazzling mystery that this wet sponge we call the brain evolves a conscious identity; not just awareness but *self*-awareness, the sense of an 'I' who is the ground and subject of experience; an 'I' who both becomes itself and exposes its 'sense of itself' in speech and action. So I'll never understand how mental health could *not* involve, irreducibly, the experience of *meaning* which erupts into consciousness from the brain's complex chemistry. And I've never

understood why those drawn to the task of healing mental illness would want to avoid exploring this meaning.

Our own flourishing requires that we recognize consciousness in others. We want and need to see and be seen by others, to know and understand each other, as an 'I' relates to a 'thou', as two living subjects. And this too is why our mental health relies on mercy. "Any human face is a claim on you," says Marilynne Robinson in her novel *Gilead*, "because you can't help but understand the singularity of it, the courage and loneliness of it."[3] But institutions of mental health frequently *do* fail to heed this claim. My friend, the chaplain who visits boarding homes, one day asked a boarding home gathering about their own experience of mercy. At the mere mention of this word the room erupted in urgent talk, for he had touched on a deep wound – not the wound addressed by mental health practitioners, but the wound *caused* by them. Here are some of the things they said: "Mental illness is the most low-down illness you can have....It's worse than being a criminal....The government takes us and sweeps us under the rug like we were pieces of dirt....Medical staff use cruel talk, they blame people for having an illness, they talk down to them." One man said over and over: "Bad, bad, bad, bad, bad. A very bad thing. They have no feelings for you." Another man acknowledged the good care he'd received, but wondered why it didn't extend to those 'on the street'. Something has gone terribly wrong when institutions of healing, in the very process of trying to heal one kind of wound, inflict another – an attack on damaged souls; belittlement and blame; and the scapegoating of those whose symptoms stir up what we fear in ourselves.

The wound touched on by the chaplain that day exudes a harrowing pathos. He heard the uttered agony of souls unaddressed by mercy, the pain produced by their need to be known not as things but people, not as objects but subjects, and by their helplessness to enforce this claim. For mercy can't be forced, only freely given; and such powerlessness is only a further indignity. Mercy won't be legislated into existence by codes of behaviour, institutional policies, and administrative guidelines. Mercy can't be captured or specified that way. Its gestures are "too much a matter of human art to be made a consistent matter of human routine," as Michael Ignatieff says in his exquisite little book, *The Needs of Strangers*.[4] For mercy is not defined so much by what we speak and do as by *how* we speak and do it, by the spirit in which it's done.

This is why mercy requires attention and regard for those with whom we have to do, a willingness to be vulnerable, open to amendment and critique, open to the kind of conversation that exchanges not just information but risks an 'exchange of selves'. Only imperialism and arrogance would foreclose on talk, on the possibility of finding something unguessed at and new in each other, whether that 'something' is another culture, another discipline, or another tortured mind. Oppression happens, as Rowan Williams says, when "one party's language reaches out to incorporate the other's experience, which cannot speak for itself."[5] I think native people might understand exactly what he means; so might those afflicted by mental illness. Their sense of themselves, already in crisis, may be too quickly and too generically encapsulated by clinical categories and procedures, the way pale vegetables are shrink-wrapped in grocery stores. For oppression ends conversation prematurely, before it ripens. Your perceptions are framed and evaluated *for* you, leaving you outside those exchanges of talking and listening, mutual perception and shared recognition, in which we deconstruct and reconstruct our sense of ourselves. To be denied the chance to do that is to feel like an object, an 'it' – not a person, a 'thou'. Even a routine disease of the body can be misdiagnosed by a physician who has lost the art of listening, who has been made impatient by a patient's narrative, who rushes to dragoon the most obvious and objective symptoms into a diagnostic pigeon-hole, to *tell* a patient what he or she has 'got'. How much more hazardous and arduous it must be, then, to have to take a patient's *subjectivity* into account, to take time to diagnose and treat those elusive, difficult-to-discern symptoms that plague a troubled mind. They don't show up on an x-ray or blood test; they show themselves in verbal reports of emotion, thought and perception, in aberrations of talk and behaviour. How often it must be that the psychiatrist has done "no more than apply a poultice of polysyllables to a wound he could neither see nor understand", as Peter De Vries puts in his novel, *The Blood of the Lamb*.[6] How frustrating that must be for everyone.

On the day my colleague, the boarding home chaplain, asked about mercy and the whole room erupted, one person *did* say this: "Speaking the right words can put some illness to flight." So it can; not because they're magic words, but because they're merciful. Edward Shorter, in his *History of Psychiatry*, describes the modest success of the 'therapeutic asylum' that emerged in Europe in the early 19th century. The relief from mental illness they provided their patients – and sometimes it was dramatic relief – had little to do with science and more to do with rudimentary kindness and attention. "This kindness," he writes, "offered a therapeutic grip on the patients, a hold by which to pull themselves back to wellness."[7] (Notice, by the way, that similar language is now used about the benefits of anti-depressants.) These early asylums were small-scale communities quite unlike the notorious industrial-scale versions that developed much later. At their worst, those later asylums applied bizarre procedures on patients whom they judged as 'lost causes' and treated as objects of experiment. For example, early in the 20th century (yes, the *20th* century) the American psychiatrist, Henry Cotton, "believed in pulling out his patients' teeth and removing their large bowels to cure psychiatric illness."[8] The best of the early asylums, however, were small-scale communities of mercy. Staff and patients lived together, following the ordered routines of work, leisure, common meals, privacy and socializing, overseen by a superintendent who was a clergyman or doctor. Happy was the patient who came under the merciful regime of someone like William Charles Ellis, a doctor who founded an asylum in Yorkshire. He wrote this in 1838: "[The] most essential ingredient is constant, never-tiring, watchful kindness: there are but few even amongst the insane, who, if a particle of mind be left, are not to be won by affectionate attention."[9] If mercy can mend the mind, does its absence not harm it?

Mercy, I said, is our capacity to see and welcome back those who are displaced to the margin, in the gutter, outside the human world of self-exchange and conversation; And this can be healing, both for those so marginalized and for the social body that thus restores its own integrity, its 'wholeness'. A merciful society prizes conversation; it's flexible and tolerant because it knows how necessary it is for human flourishing to be with and for each other, to see and understand, to be enriched by each other's eccentricities, deviations and differences. Above all, mercy is our power to see into the depths of each other and find, not problems to be solved and

deviations to be hammered into conformity, but the unfathomable mystery of a unique 'thou' who craves to be seen and engaged by another 'thou'; yet who rightly resists becoming a 'thing', an object under another's controlling gaze.

This tug-of-war between mercy and manipulation is a conflict felt by Martin Dysart, the psychiatrist in Peter Shaffer's play, *Equus*. The adolescent he must treat has done something deviant and criminal, yet he knows the boy's aberrant passion springs from a deeper, inner mystery he can neither fathom with science nor control by its techniques. It's symbolized first to the boy, then to the doctor, as an untamed mythical beast, the horse god he calls 'Equus'. "I can hear the creature's voice," Dysart says in one of his eloquent soliloquies. "It's calling me out of the black cave of the Psyche.....He opens his great square teeth and says – Do you really imagine you can account for Me?"[10] It's as though Dysart encountered through this boy an archetypal figure, wild, beyond good and evil, but rooted in the roots of every human consciousness. His therapeutic talk with this patient calls into question his own vocation to heal mental illness; indeed, it calls into question his own vulnerable self. For although he knows he can 'cure' this boy, it will not be by healing his passion, but by killing it. He must return him to society not through the offices of mercy (for society won't forgive him), but by *making* him 'normal' once more. "The Normal," he says, "is the good smile in a child's eyes – all right. It is also the dead stare in a million adults. It both sustains and kills – like a God. It is the Ordinary made beautiful. It is also the Average made lethal. The Normal is the indispensable, murderous God of Health, and I am his Priest. My tools are very delicate. My compassion is honest. I have honestly assisted children in this room. I have talked away terrors and relieved many agonies. But also – beyond question – I have cut from them parts of individuality repugnant to this God, in both his aspects. Parts sacred to rarer and more wonderful Gods."[11] And so, in the end, he severs the boy from his passion, killing the wild energy rooted in the root of him. Why? To make him normal. At the end of the play Dysart concludes a climactic speech and turns on the audience with these words: "Passion, you see, can be destroyed by a doctor. It can't be created."[12]

It saddens me that I shall never come to know the meaning of the screaming of that man; who, in mercy for me, left the room to scream all alone, but whose return, again and again, was a hopeful plea for mercy on *his* behalf, and a declaration that mutual regard is the heart of human life. "Every death is like the burning of library," Alex Haley is supposed to have said. I'll never read this man's life, never know what his screaming meant; what guilts he groaned, fashioned by what fears; haunted by what visions, vivid only to him. I'll never know what panic he felt in the agony of his mind's crumbling incoherence, lost in his own labyrinth. Whatever I might have learned from him, and how this learning may have enriched me, I shall never know. For one day he left the room to scream and never came back. I had that chance. It's gone now. I was too afraid to take it.

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End Notes:

1. Michael Greenberg, "Freelance", Times Literary Supplement, 8 December 2006; citing Lynn Gamwell and Nancy Tomes, Madness in America, (Ithaca, NY: Cornell University Press, 1995).

2. Rowan Williams, Lost Icons, (Edinburgh: T & T Clark, 2000), p.166

3. Marilynne Robinson, Gilead, (Toronto: Harper Collins, 2004), p.66

4. Michael Ignatieff, The Needs of Strangers, (Harmondsworth: Penguin, 1986), p.16

5. Rowan Williams, Lost Icons, p.113

6. Peter De Vries, The Blood of the Lamb, (Chicago: University of Chicago Press, 2005), p.151

7. Edward Shorter, A History of Psychiatry, (New York: John Wiley & Sons, 1997), p.20

8. Ibid., p.112

9. Ibid., p.42

10. Peter Shaffer, Equus, (London: Penguin, 1977). p.75

11. Ibid., p,65

12. Ibid., p.108

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