

Blue Cheer

There's a worn leather wallet in the back of my top dresser drawer. It's long and thin, calf skin soft and black, with tiny tucks in the leather where the snap on the long edge holds it closed. I love this wallet with its plaid interior, its fine stitching that held until the leather itself started to tear. Finally, too worn to be used, it was relegated to hold something more important: my last tab of Ludiomil.

A tab of Ludiomil is not something one saves for a rainy day. It wouldn't do anything on its own, like a faded hit of acid might, a bit of shriveled mushroom, a nip bottle rescued from some uncertain vacation. It needs at least thirteen others of its kind to be effective, doled out steadily one per day until two weeks later, swallowing the fourteenth tab, one might feel something a little different; More likely, one would sense an absence of a familiar feeling. *Day Fourteen: not so sure about slashing my wrists today.*

This tiny hard oval of robin's egg blue is a placeholder, a miniscule iconic bombshell. Just looking at it brings a whole world home to roost. With over 4,000 legitimate variations and an untold number of underground permutations, the ability of pharmaceuticals to provoke a steamer trunk-full of associations, opinions, and emotions, is new only in its industrial and technicolor nature. Drugs have been around. These new drugs, though, bring a cartoonish sheen to the shriveled earthtones of innumerable entheogenic plants and animals. Their images spice up magazine covers, pop music cds, and movie posters.

Like the glowing virgin's halo in medieval iconography, the evocative power of pharmaceuticals is bound up in their appearance. With growing regularity, the image of pills inhabit everyday marketing, but I especially love to find them in the aerial landscape of contemporary art: the pill-popping geisha of Ridley Scott's sky-high illuminated and animated billboards; Fred Tomaselli's pill paintings, hovering somewhere between wall paper and psychedelic string theory; Laura Splan's giant cozy capsules of Prozac, Zoloft, and Thorazine revisioned as huge needlepoint pillows for a weary head. Their ubiquitous presence provokes a rash of reactions from those who will never need them, as well as those who will, and those already acting on their need.

From an aesthetic point of view, one could be nostalgic about these tiny icons. What happened to the silver and cloisonné surface of an antique opium pipe, or the elaborate artwork on a thumbnail-sized canvas of LSD? I feel old when I think about drugs delivering themselves from an implanted digital pump, or the bland and murky translucence of a skin patch. The institutionalized prescription of Brave New World's "soma" is part of

our culturally shared fear of the future. I like my drugs colorful, aesthetically inspiring, exhilarating the imagination through the sheer force of their physical beauty - and I know that I'm not alone in this. There's a reason the American landscape is littered with glowing neon signs that say simply: DRUGS. These signs are visually seductive gateways; it follows that drugs should present themselves in vibrant and tantalizing packages. I deplore the timid pastel plastics of birth control blister packs, for instance. I want to see a visual onomatopoeia, a symbolic poetic linkage of image and impact. Still, digital timers, patches, and implants have their appeal: comedian Betsy Salkind says, "I've never smoked, but I sure do love the patch."

But my lone little Ludiomil is beautiful, a pale blue speck of sky, the ground to Yoko Ono's "Hole to See the Sky Through". It's sweet and tiny and powder pastel, not so devoid of aesthetic pleasures after all. It reminds me that the pink and blue of an infant's codification were reversed in Victorian times, pink being for boys and blue for girls. This gives me a fierce feeling of ownership for my blue dot, a feminist protectorate. It helped me escape from whatever might have spawned my depression; a hereditary noose, an intractable post-partum guest, or a late capitalist malaise in a post-punk dress code.

While that depression was likely a collaborative effort, borrowing something from each of the above, I'm most comfortable blaming my ancestors for that neurological genetic ambush, and contemporary medical theory encourages me to do so. With promotional brochures in hand, I headed to the pharmacist to stock up against further attacks from my relatives. To be sure that one's relatives are the root cause one needs evidence, of course. This can be awkward or impossible, or totally pointless in a family where mental health is a non-topic and a certain conversation killer. This taboo status itself, however, is a dead give-away.

Once my sleuthing had revealed a ghost or two, or three, who like me had evinced self-destructive eccentricities, every relative living and dead began to look a little guilty to me. But this was all good news: Protocol dictated that producing such a relative for the doctor would be key to an instant prescription. In similar fashion, keywords for a marijuana license in states experimenting with medical humanity are chronic pain, glaucoma, and ADHD. This is perhaps the primary remaining significance of the extended family, in our late capitalist technocracy.



Enter Uncle Bob.

In 1942, Bobby graduated from high school. He was a gifted artist, with a mathematician's mind. There was also a bloody war raging, but despite an attempt to enlist after high school, a heart murmur committed him to civilian status. In the fall of '42, he packed his bags and journeyed 500 miles from his Connecticut home to Ohio, where he embarked on an engineering degree at Kent State University. It was a profession barely half a century old but prestigious in the new era of the technological sublime; Bobby's college days were a bright future, but for only a brief moment, a supernova.

Bobby was home for Christmas, never to return to Ohio. He was fretful, stressed, too anxious and agitated to resume his studies so far from home. His mother blamed an upturned hammock and accompanying head injury from the summer before; His father said he just studied too hard. Whatever the root cause, Bobby's reality closed down to a very small and private world interspersed by infrequent but painful public moments. At first, he took a job at an aircraft factory, and took night classes in engineering at a local college, but a spiraling loss of control ended both of these. After a few months, he barely left the house. His primary outings were flights onto the roof of his parents' home.

With greater and greater frequency, he climbed onto the roof and refused to come in. He poured baths only to soak his socks, poured milk on the table and hid under furniture. He laughed "too hard", lived sleepless and agitated, wrung his hands constantly, and elicited a host of distressing behaviors still too painful for my family to be listed here. The neighbors would call to complain if he was seen outside without a chaperone, sending my grandmother into tearful bouts of anger and shame. No one could sleep as he ran through the house at night, and my mother and her sister both stopped inviting friends home from school. After a year or so of this chaos, home medical visits began.

My mother, about 14 at the time, had a bedroom directly across the upstairs landing from her brother. She describes a doctor with at least one assistant, sometimes more, carrying cases of equipment into Bobby's room and shutting the door. Horrific screams would fill the house, Bobby shouting in pain, and then all would go quiet.

My mother's parents explained to her that electroshock, a relatively new treatment, would help Bobby to remain calm. And indeed, she tells me he would sit quietly for days after the doctor left, and would sleep through the nights, enabling the rest of the household to sleep as well. Like those who criticize psychopharmaceuticals but have never needed them, I shudder at these stories and wonder if a baseball bat would have produced the same results. Bobby lost a lot of weight during this period. Photos show a tall and handsome young man, his suit jacket hanging loose over a frail frame, nearly always contorted

with laughter.

After four very difficult years of worsening symptoms, it became apparent that Bobby, out on the roof one too many times, sleepless to the utter distraction of everyone in the house, and uncured by occasional electroshock therapy, needed more help than could possibly be provided at home.

With the ruse of going on a trip, Bobby's parents helped him to pack a bag and then they called a private ambulance. Flanagan's Ambulance Service arrived quietly, sans lights and siren. My grandfather rode along with his son, and my grandmother followed in the family car. At Fairfield Woods State Hospital, Bobby began a stay of uncertain duration at the age of 22. As it dawned on him that he wasn't going home, he became despondent. His parents, my grandparents, had lost a very demanding, desperate, and loving struggle to keep him at home.

My mother recalls visiting her brother at Fairfield Woods on weekends, where she would chat with Bobby in the day room, surrounded by adults in pajamas. She was frightened by having the doors locked behind her, and by the crush of people. Frequently, her parents would exit at some point in the visit to talk with the doctors, and then she and Bobby would play table tennis together. She remembers the nurses being very sweet and concerned, but has no idea whether electroshock treatments continued in the institution. She does remember that Bobby seemed calm during these visits, though sometimes distressed that he wouldn't be going home with the family at the end of the day.

In 1946, confinement to an institution was usually a permanent move, although a few lucky patients did "recover" and return home. Bobby wasn't lucky; he wasn't improving and there was no foreseeable departure date from the hospital. After four years in Fairfield Woods, though, my grandparents were told of a radical new procedure that might facilitate their son's release from the hospital. There were no guarantees; Bobby might recover, but he might also remain the same, or - worst case - be rendered unable to recognize his family ever again. The procedure had been developed in Portugal in 1935, and had first been practiced in the United States barely a decade earlier, by Walter Freeman in 1936. It was controversial, and criticized for its brutal simplicity, but in some instances, patients were able to return home and live a non-institutional life with assistance from family.

A lobotomy severs the nerves between the frontal lobes and the rest of the brain. While results vary from patient to patient, a flattened affect is widely reported. Autopsies done

on lobotomy patients reveal a greatly diminished thalamus, a part of the brain associated with emotions. Freeman was its first American practitioner, its most ardent supporter, and a fanatical promoter of the procedure. He did not take the procedure through standard clinical trials, but instead began a campaign to liberate patients from a deadening institutional existence during a time when the number of residents in psychiatric hospitals was increasing at an alarming rate. He felt that the usual slow pace of exacting clinical tests would mean years of incarceration for patients potentially “saved” by his surgery.

In 1950, the year my Uncle Bob received a lobotomy, the procedure was past its heyday, and by the mid 1950s its use was in major decline. New psychopharmaceuticals had begun to make their appearance, with tranquilizers initially having the biggest therapeutic impact. Institutions began to empty out, and lobotomy, controversial from the start, became less and less popular. Walter Freeman performed his last lobotomy in Berkeley, California, in 1967. While the theory behind the procedure still finds relevance in the medical community, and variations are being investigated and occasionally practiced, the practice has declined around the globe. Most governments have enacted laws against its use. To this date, the procedure survived by my uncle has still never undergone the scrutiny of standard clinical trials, and most likely never will.

On the day of Bobby’s surgery, he was transferred to Yale-New Haven Hospital in Connecticut. My mother accompanied her parents, and remembers very little waiting time. A typical lobotomy, Freeman was proud to demonstrate, took about seven minutes. My mother remembers the moment when they could first visit Bobby, post-surgery. Before they entered his room, my grandfather took her hand. He squeezed it so hard that this gesture became her strongest memory of that day. She also remembers Bobby greeting them by name as they approached him, and her father crying.

Bobby went to a convalescent home to recover from surgery. He caused havoc there, enough for them to ask him to leave. A doctor from Yale intervened, and Bobby finished out his recuperation. At the end of three weeks, he went home to live with his parents. Shortly afterward, they moved from town to an isolated cabin in the woods, where judgmental neighbors were no longer an issue. The three lived together - a quieter, simpler young man and his aging parents - until my grandparents passed away in the 1960s.



My uncle was easy to beat at Monopoly, but I chalked this up to adult benevolence. He would play for hours, until my mother intervened, and I adored this about him. He

drove a car, and I loved the way he did this as well. He never went over fifteen miles per hour and traveled mainly on the shoulder, so cars would screech around us, honking. A trip to the next town to get a piece of sheet music meant hours away from my home, meandering through Connecticut farmland.

I don't remember that he played any instruments, but he loved sheet music and would bring favorite pieces to my mother as gifts. He would bring her other gifts as well. He would bring appliances, wrapped in their store boxes like new, but the appliances themselves were always used and often still dirty from use, like a putrid and greasy electric griddle that he gave her one year for her birthday. He also had a penchant for buying parcels of desert in Arizona, almost certainly a victim of real estate scams, and this worried my mother. He was adorable and odd, and sometimes he laughed "too hard".

As a child, I assumed these quirks were just part of the adult condition, until I was older and had an adult condition of my own. Suddenly, I wanted to know more about Uncle Bob.



Getting to therapy was a big deal. Along with a distressingly large percentage of the population, I'd been raised with a deep distrust of therapy. Wasn't that where they changed who you actually are? Did I really want my true self to be changed? Well, yes, most definitely. I had reached the point where my self had become an anchor, one that would drag me to the bottom of the Charles River if I didn't transform it somehow. I had become fond of my depression (though I didn't have that name for it yet), but it was essential to attempt to shake it, just the same. I was in art school at the time, and in the course of free therapy offered at my school, I was asked to examine the past for clues to my desire to die young.

And so, I looked back, but it just wasn't that interesting. In grade school, my first favorite pop song — the one that separated me from the influences of my older brother and sisters — was Alice Cooper's "Dead Babies." I wore a lot of black, preferably original items from the late 1800s, and was convinced that I could see my skeleton whenever I looked in a mirror. If there had been Goth, I would have been Goth; made up carefully, daily, to resemble the recently deceased. My high school drawings were landscapes of New England cemeteries, gravestones, bony hands, funereal flower arrangements, dead roses, and bloody pools. If I were a teenager today, with this same profile, I would probably be expelled as a potential shooter. But it was the 1970s, and suicidal tendencies were

a normalized part of youthful rock and roll. So none of this typical teenage angst added up to much of an offering for a therapist.

After two years of conversation focused on good living strategies, my depression remained, entrenched and intact. At some point, my relatives, my family profile, the guilty ghosts, made their appearance; My therapist suggested medication. I thought at the time that she had finally become bored with me, and maybe she was, but she was also saving my life.



Massachusetts College of Art had a campus that stretched from Beth Israel Hospital and Brigham and Women's Hospital over to Harvard Medical School. Surrounded by doctors, medical students, research facilities and vanity plates, the art students at Mass Art recognized themselves as destined for the opposite end of the financial spectrum from their neighbors. When an art student needed money for art supplies, or food, it was easy enough to cross the street and volunteer for a sleep study, a hemoglobin count, or a drug study. This atmosphere of experimentation mingled with the fumes of art school. Nothing new here, either. The poor have always been considered expedient subjects for medical experimentation, willing or inadvertent. Historically, these experiments aimed to improve healthcare for the wealthy, and only secondarily, if at all, have they proven to benefit the poor themselves. Times have changed, but not that much. It's a story at least as old as institutions themselves.

So when the school therapist recommended that I see a psychiatrist who was running clinical trials on new anti-depressants, it didn't seem that unusual or potentially risky. Surprisingly, it wasn't free, and in fact seemed painfully expensive from my naïve point of view, but I was oblivious to professional patient-trading and was grateful for the opportunity to be a test case.

The first drug I tried, Meritol, took an interminable two weeks to hit me, as the tiny tabs added up their punch. And then quickly, I became intolerable. Happy all the time, I laughed "too hard" at anything, especially the tragic. But I was happy. I was ecstatic, really, full of energy and able to focus. I assumed that what I was feeling inside was what I saw from the outside, when I met "normal" people - and I began to see depressed people everywhere. This was good technology.

The combination of drugs and therapy attuned me to the world of mental illness and

mental health. I bought a used copy of the DSM. I read everything I could find about the brain. I borrowed neurology textbooks and took a part time job at Harvard for the library card. I reworked neuroanatomy illustrations from these textbooks into shimmering black velvet paintings.

One night, I stayed up watching a late movie on television. It was "Sybil" starring Sally Fields. I had never thought of Sally Fields as a serious actress, but that night, feeling more empathetic with Sybil's illness, I fell in love with Sally Fields, deciding that she was brilliant. I sobbed my way through the film and then sobbed myself to sleep. Though crying, I was filled with a deep calm, relieved that attitudes were improving toward mental illness and that there was help available. I was also well enough to laugh at my own maudlin drama.

Just after midnight, the phone woke me up. It was the doctor who was feeding me my experimental anti-depressants. He wanted to know if I'd taken my medication that day, and if I had much left before the next refill. His voice was urgent. He ordered me to discard any pills I had left, to stop taking any more meds immediately, and suggested I call in the morning for an appointment. People were having heart attacks. Two people had died. Meritol was flawed technology.

One good thing about the slow build up of anti-depressants is that there's an equally slow drop off. I had two weeks before my dark clock struck midnight. I called in the morning, while I was still capable of making appointments and keeping them.

I don't remember much about the second medication I took in guinea pig fashion. In fact, I don't remember much about the many weeks that I took it, because I was asleep most of the time, dreamless, lethargic, and deeply depressed. I managed to drag myself to work and to a few classes, but was never awake for long enough beyond that to make any phone calls. My husband intervened on my behalf. He contacted my doctor with a report of my comatose state, and the medical experiment took another turn.

Next came Ludiomil. A tolerable middle ground, I didn't want to die, and I didn't laugh too hard. Happy was again the operative word, but this time I didn't feel drugged. In fact, I rarely thought about the fact that I was medicated, but began to live a life where I was comfortable in my skin for the first time, confident enough to just be. I took Ludiomil for three years, and then, when I started to feel medicated for the first time, I tapered off without consulting my doctor.

Two years later, I had moved to San Francisco and found myself eying sleep medications again. I made suicide art: a Pez dispenser that popped out razor blades like candies, a belladonna garden kit, cyanide patches. It was my clue that I was sinking again, so I found a new doctor and went on anti-depressants for another year. With the nation deep into Prozac culture by this time, it was much easier to get a prescription. On again, off again. These days, I floss, try to remember sunblock, and check my mental pulse daily. If it turns out that I could use the assistance of drugs again, some day, I'll just say yes.



When my grandparents passed away, my Uncle Bob move into a trailer closer to his work, where he was a security guard. He emerged from his trailer every morning, impeccably dressed. When he needed clean shirts, or dishes or cups or towels, he bought new ones, and his used world would pile up around his feet. We would visit from time to time, my mother on clandestine cleaning missions.

Bobby passed his life this way, free from institutional care in his trailer overflowing with garbage, until he suffered a heart attack in 1981. When my mother reached the hospital, he was confined by a straitjacket and had numerous tubes protruding from his body. The doctor explained that Bobby had lost oxygen to his brain, causing him to "go crazy". He had been restrained. For some reason, of all the desperately sad moments from my uncle's life, this one pains me the most.

We are all subject to the concepts that drive the world during our time here. My uncle had survived many changes in cultural conceptions of health, medicine, and madness. He escaped a lifetime of institutionalization, survived electroshock therapy, and managed a large degree of independence - although relative cultural worth, itself - despite being lobotomized. He had never before been made to endure a straitjacket, to the best of everyone's knowledge. I wondered if his medical history had set him up as a candidate for this treatment at the end of his life. It seemed a terrible and unnecessary insult in this moment of physical and medical panic, after all that he'd been through. The straitjacket eventually came off as his vital signs stabilized, but he lived only a few more days.

While Bobby didn't escape lobotomy, electroshock, or even the straitjacket, he did avoid other technologies - some still in use in the 1940s, others long consigned to the toxic dustbin of medical history. He avoided forced sterilization, ice baths, and insulin shock treatments, all still popular around the time of his confinement in Fairfield Woods. Just a

century or so earlier might have sentenced him to chains, the Bedlam Crib, or bleeding and purging while confined in Benjamin Rush's "tranquilizer" chair.

I suppose I feel fortunate to live in an age of heavy reliance on drugs. To some, an adult life lived in pajamas and playing ping pong might look enticing, but not to me. And I'm glad that I escaped the technological ordeals that my uncle endured. But I'm also aware that no one can really tell me if there's still some price to be paid for my days of medication.

If genetics are in fact a key player in the severe mood swings that plague my family - and I have little doubt of this, given the grocery list of familial suicides and self-medicators that keep me convinced - then I'm a guilty link in the chain. I worry about the mental health of possible grandchildren in my future. I wonder about shifts in medical technologies and cultural ideologies. Maybe the future will be free of Prozac, and something new and considerably less barbaric in its own right will take its place, or eradicate its perceived need forever. Maybe, in the future, tabletting machines will send chills down people's spines. It's hard to imagine the Bedlam Crib or trepanation making a comeback. But then, a generation rarely acknowledges its own barbaric nature embodied by its technological inventions.



Last week I went through my dresser, filling a few paper shopping bags with clothes from another lifetime, sweaters and t-shirts and a few old skirts that would find their way to Good Will. I held the black wallet, so soft and emaciated. It still smelled a little of leather, mixed with indiscernible and ghostly perfumes. It was useless, a few holes along the edges, the zipper for the change compartment completely ravaged. But it had a bigger task, a more important role. It was home to the lone Ludiomil, and the two - wallet and pill - had become inextricably tied together in my mind. My own currency, my old ticket stub to happiness, my golden treasure, my blue cheer. It longed to live forever in this wallet that had accompanied me on tense trips to the pharmacy and humiliating appointments with prescription-writing strangers. And so it will stay, black and blue, forever.

- i The Physician's Desk Reference (Montvale, NJ: Thomson PDR, 2005) lists information for over 4000 prescription drugs.
- ii Aldous Huxley, *Brave New World* (New York: Harper, 1932). While usually doled out as tablets, when disorder was afoot, soma vapors would fill the air.
- iii Yoko Ono's artwork from 1964 is a postcard-sized white card with a small hole in the center and the text "A hole to see the sky through".
- iv David Nye, *Electrifying America: social meanings of a new technology, 1880-1940* (Cambridge, Mass.: MIT Press, 1990)
- v Jack El-Hai, *The Lobotomist: a maverick medical genius and his tragic quest to rid the world of mental illness* (Hoboken, New Jersey: John Wiley & Sons, Inc., 2005) p. 130 The purpose of electroshock therapy is to create controlled convulsions, or seizures.
- vi *ibid.* p. 60
- vii Walter Freeman & James Watts, *Psychosurgery: Intelligence, Emotion and Social Behavior Following Prefrontal Lobotomy for Mental Disorders* (Springfield, IL; Baltimore, MD: Charles C. Thomas, 1942) p.11
- viii El-Hai, pp. 7-15 This short opening chapter titled "September 1936" is entirely devoted to a description of Freeman's first lobotomy patient.
- ix *ibid.* p. 165
- x *ibid.* There are many examples of this. See in particular pp. 243-45.
- xi *ibid.* pp. 60-61, p. 108
- xii *ibid.* pp. 253-55
- xiii *ibid.* p. 292
- xiv *Ibid* pp. 309-10
- xv *ibid.* p. 185
- xvi This is a common source of income among poor. See Douglas Starr, *Blood: An Epic History of Medicine and Commerce* (New York, NY: Alfred A. Knopf, Inc., 1998) for an interesting treatment of the impact of this practice on healthcare systems.
- xvii Ruth Richardson, *Death, Dissection, and the Destitute* (London; New York: Routledge & Keegan Paul, 1987) pp. 43-44, 193
- xviii *Diagnostic Statistical Manual of Psychological Disorders* (Washington, DC: American Psychiatric Association, 1987) This handbook has been through many revisions, each containing its own controversial artifacts.
- xix I use the word "survive" here in its literal etymological sense, to live beyond something, but there is no qualitative judgment implied.
- xx From a layperson's standpoint, trepanation - the Neolithic surgery where a hole is drilled through the skull leaving the brain's membrane intact - is remarkably similar to, yet more elegant seeming than transorbital lobotomy, where an ice pick is pushed through the skull at the upper back of the eye socket, and the pick is wiggled back and forth to destroy brain tissue.