

# Empathy

A Story by William Page

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In 1975, when I was twenty-one years old, I decided that I was too smart and too poor to be spending my time where I was, which was studying writing at an old and respected university in Ohio. I left school in the hope of earning some money, which I needed badly. I thought I might be able to combine my need for money with my desire to gain colorful experiences that I could write about, so instead of looking for long-term employment, I drifted from job to job and interviewed for anything I thought might inspire me to write. It's hard for young people today, what with employers calling themselves 'job creators' and acting like Zeus when potential employees come calling, to understand that jobs were not that hard to come by in 1975. It was a simpler time, a time when it was possible for a young man like me, who, according to my mother, had nothing but my good looks to recommend me, to be hired by eight different employees in the space of a year and a half. Of course, some of the jobs were pretty awful. For about a week I worked as a sign painter—a truly uninspiring occupation—and then for two months I worked on a crew that pieced together prefabricated homes. The job that I liked the best, and stayed at for a whole year, was working as an aide in a psychiatric clinic outside a town called Providence in southeast Indiana. The clinic was about thirty-five miles from where I lived in Cincinnati, and I drove out every day, or night, depending on my shift.

The story I want to tell you about occurred in February of 1976, after I had been at the clinic for about five months. It has no real moral that I can think of, but it does have the virtue of being mostly true.

That month I was working the night shift. Everyone on staff rotated from shift to shift because the head nurse, Edith, thought it was more democratic to require all of us to work the midnight-to-eight shift, which no one wanted to work. It had rained in the afternoon and then again in the evening that day, and so at night, when the cold came, ice formed on the roads. At one point, during my drive in, my car hit a patch of black ice and slid off the road into a ditch. Luckily I was able to drive out. At the time I was driving a 1967 Mustang. I had winterized the car by buying snow tires for the rear and by putting cinder blocks in the trunk to give the back wheels some traction. After the incident, I drove at a snail's pace and, as a result, arrived at the clinic twenty minutes late.

In order to get into the building, I had to be buzzed in. Regina, the shift nurse, did this. She was the only one, besides me, on staff that night. Once I was on the ward, she told me that everything was quiet and then took her flashlight to do the rounds—a bed by bed check on the patients. I

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went to the staff room, hung up my coat, and then went to the ward clerk's desk and sat for a moment to collect my thoughts. I was still a little spooked because of my near accident and my harrowing drive up the ice-covered, winding road that led from the highway to the hospital. I wasn't sitting there for more than a minute or two when I heard a woman's voice: "Help me, please. Help me."

The voice was by no means alarming; I would say that it was more pathetic. It had come from one of the two front rooms. These rooms were separated from the rest of the patient rooms by a kind of living area, called the 'commons,' and by staff offices. We often assigned new patients or problem patients to these rooms because they were more exposed and nearer to where we were likely to be. As I walked toward the room I heard the voice again: "Help me, please. Help me."

The room was dark, but from the light in the hallway I could make out a little, wiry woman with gray, disheveled hair. She wore a robe and slippers and lay on top of the blankets rather than underneath them. I didn't know her, which meant that she must have been admitted that day. From the doorway I asked, "Would you like me to get you something?"

She looked up at me as if she were startled by my voice. She said, "Can you help me? I'm dying."

I entered the room and sat on the edge of her bed. I wanted to ask her what she felt and why she thought she was dying, but I didn't have a chance to ask her anything because she suddenly let out a scream and grabbed the lapels of my sport coat with so much force that it took my breath away. She pulled me down toward her face with a strength I wouldn't have thought possible and screamed at me: "I'm falling! Help me! Help me! I'm falling!"

"What happened?" I asked truly startled. "Tell me what happened."

"I told you! I'm falling!"

"It's okay. You're here on the bed. You're not falling."

"I am. Oh God, God. I'm falling! I'm falling to hell! I knew it! I knew it! Please don't let go, please."

I wondered if she thought I was holding on to her. I wasn't; she was holding onto me. Still I said, "Don't worry. I'm not going to let you go. Try to relax."

"Oh God. I'm going to hell."

"You're not going anywhere," I said, trying to soothe her. "You're here with me. Everything is fine."

But clearly on her side of the bed everything was not fine. She held onto me more tightly and screamed more desperately: "I'm falling! I can't stop falling! Please don't let me die! Please!"

“You’re not dying,” I said, “you’re very much alive.” But at the same time it occurred to me that maybe she was dying.

“Help me! Quick! There’s nothing I can hold onto to! I’m falling to hell! I’m a terrible person! Please help me!”

I tried to think of something to say. I wanted to help her, but my mind was strangely blank. I had nothing to give her, nothing at all. She was alone, and we both knew it.

She said, “Oh God. God, forgive me, forgive me.” It was a kind of desperate, pleading prayer.

“It’s okay,” I said. “It’s okay.”

“But I’m falling! I can’t stop falling!”

“Don’t think about it. Try not to think about it.”

“I can’t hold on! There’s nothing! Nothing!”

“You are holding on. You’re holding onto me. I’m here and you’re not falling.”

She screamed, “I’m not holding on! Can’t you see! I’m not holding on!”

I did see it, or thought I felt it. The sensation of spiraling downward was beginning to overtake me. Her world was collapsing; the bed, the room, the hospital, everything was disintegrating around her. I should have been holding her up, but I wasn’t. If anything she was pulling me down with her. I didn’t know what to say anymore, so I lied “It will go away,” I said. “Very soon it will go away.”

“It’s not going away! Please help me! Please!”

I was about to call out to Regina, but when I turned to look for her, she came running into the room holding up a syringe. Without speaking she sat on the other side of the bed and quickly pulled up the sleeve of the patient’s robe. She then dabbed the patient’s arm with a piece of cotton, pricked the spot with the needle, and injected the medication. Regina had responded with remarkable efficiency. Later I found out that she had run to the door when she had heard the first scream. She had assessed the situation, ran to the telephone, called the doctor, received the order, ran to the medicine cabinet, which was kept locked, prepared the injection, and then ran back to the room—all in what I guessed to be less than five minutes.

The medication took effect almost immediately. The patient’s eyes, which had burned so intently, began to cloud over. She eased her grasp on me and then let go of my jacket altogether. She appeared to be stunned. For what seemed like a long time I sat on the side of the bed, just watching her. Finally I asked, “Are you okay?”

She took a moment before speaking. “I think so,” she said. She sounded doubtful.

“Are you sure?”

“I feel better. I think it’s gone.”

Regina stood and left; she hadn’t said a word.

After Regina was gone, I stood up from the bed and stretched. “Do you want to get some sleep?”

“Not just yet,” she said. “You don’t have to go, do you?”

“No. I can stay.”

After that we didn’t speak. I sat in the chair next to her bed watching her eyelids become heavy. She seemed to be afraid of falling asleep. Twice, when she was just about to drop off, she caught herself, opened her eyes wide, and stared at the space in front of her as if she were expecting the Grim Reaper to appear. Eventually the effects of the medication overtook her and she slept. She still wore her robe and slippers and lay on top of the blankets. I didn’t want to disturb her, so I took an extra blanket from the closet and carefully covered her. Before I left; I stood at the door and listened to her breathing. It was regular, but shallow and through her mouth.

Regina was sitting at one of the dining tables in the commons. She had the new patient’s chart in front of her. She appeared to be thinking, but she looked up when she heard my steps. She asked, “Is she asleep?”

“Yes.”

She closed the chart and placed it on the table near me. “I’ve written the incident up already, but you should have a look at it. Maybe there’s something you want to add.”

“I will.” I took the chart. “Is everyone else asleep?”

“Yes.”

“I think I’ll go to the office and listen to report.”

“Did you think she was going to die?”

“I guess I did.”

“They often know—old people I mean—when they’re going to die.”

I stood looking down at the chart I was holding. I couldn’t think of anything I wanted to add, so I turned and made my way to the doctor’s office.

Report was a tape-recorded patient by patient update made by the head nurse after each shift. These accounts were usually uninspired, though occasionally they could be funny, spirited, and opinionated. This depended largely on the nurse, and, of course, on the patients. I've never worked in another clinic, so I'm not sure if a sense of humor, or more particularly a predisposition for irony and sarcasm, is a characteristic quality of psychiatric workers, or if it was peculiar to the staff I happened to work with. Whichever is the case, sarcasm was a quality that almost all the people I worked with—Regina was a notable exception—possessed to one degree or another, and so naturally it was a quality that sometimes found its way into staff meetings, reports, and the general gossip on the ward. But, as I said, the aim of the report was not to entertain, but to convey information and to update the arriving shift to the events of the previous shift. And when we worked the midnight-to-eight shift, we learned about most of the patients only through this report.

That night the report was one of the majority; that is, a brief and rather uninspired one. It was made by Joan, the oldest and most experienced nurse on the ward. Her voice sounded tired. The only information she gave about the new patient was that her name was Carol, that she was a widow, and that she had kicked her son-in-law during her admission. This last bit of information intrigued me, so I took her chart from the desk in front of me, found her admission history, and read it.

Carol Merchant was sixty-three years old and had never been admitted to a psychiatric hospital before that afternoon. Her daughter and her son-in-law, who she had been living with at the time, had had her admitted. She was basically what we called a management problem; that is, she was unmanageable. From the admission notes it was clear that Carol's conflict was with her son-in-law, Simon, who was a Baptist minister. She apparently had little fear of God or his ministers. During the interview she told off our supervising nurse and called her son-in-law 'Simple Simon' and 'Goody Two Shoes,' and when Simon told everybody how concerned he was for his mother-in-law and how he was praying for her every day, she kicked him in the shins. The real reason for the admission seemed to be that Carol had created some kind of scandal at her son-in-law's church with what the minister called 'her stories.' I never found what she said, or how much of it was true.

I had just started reading what Regina had written about Carol's 'incident' when Carol herself opened the door to the office and poked her head in. I was sitting behind the desk. As I casually closed her chart and turned it upside-down, she walked across the room and sat in a chair facing me. She held an unlit cigarette.

"I wanted to have a smoke," she said, "but they seem to have taken my matches."

Patients weren't allowed to have matches. If they wanted to smoke they had to ask someone on staff for a light. For that reason I always carried a lighter with me. I leaned over the desk and lit her cigarette.

She inhaled deeply and then exhaled the smoke through her nose and mouth. She said, "I'm sorry about grabbing you like that."

"It's okay," I said, "I understand."

"I really thought I was dying," she said, and then paused to smoke and to consider this before she went on. "I felt like I was falling through space. I couldn't find anything to hold onto. It did seem like death, like I had no weight, no body."

Her hands shook a little when she described this sensation. As she spoke, it occurred to me that she was reliving the experience. I would have liked to have questioned her more about what she had felt, but I didn't want to disturb her state of mind by forcing her back into what had been clearly a painful experience. I felt strangely befriended. We had only known each other for about an hour, but somehow, by living together through that remarkable and terrible encounter, we had quickly earned a deep and surprisingly simple level of trust and companionship. We didn't even need to speak. We sat together, as if we were old friends, while she leisurely smoked her cigarette. Afterward she went to bed and slept undisturbed until morning.

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The next day when I awoke at home, at four in the afternoon, there were about two inches of snow covering the alley outside my bedroom. The sky was clear in the evening, but at ten fifty, when I left for the clinic, the snow started to fall again. The flakes were large and swirled in the beams of my headlights, and there was some accumulation on the roads, but I managed to arrive on time. Regina, who must have arrived early, buzzed me in. The door to the ward opened directly on the commons, and as soon as I entered I saw Carol sitting by herself on one of the couches. She was wearing her robe and her slippers as she had the night before. Her hair was extremely tangled and was standing up in different places. She sat with her arms crossed, squinting, so as to be able to see me better.

I stopped on my way to the staff room to greet her, "Hello, Carol."

"John?"

"Micah," I said taking off my scarf. "My name's Micah. We weren't introduced last night."

"Micah?"

"Yes."

When I went to the staff room to hang up my coat, Regina, who had been sitting at the ward clerk's desk, followed me into the room and shut the door behind her.

“Joan’s still here,” she said. “She hasn’t had time to finish charting yet. She said the new patient...”

“Carol?”

“Yes. She said she won’t go to bed. Apparently they were shorthanded. Why don’t you talk to Joan and see what happened, and I’ll sit with Carol.”

I warmed my hands on the radiator. “Joan’s in the office?”

“Yes.”

“Do you want me to do the rounds first?”

“I just did them.”

The office was the room the psychiatrist used for his one-on-one sessions with the patients. We used it for staff meetings, or for reports, or sometimes, if it was available, for an admission. When I opened the door, Joan was sitting at the desk with four or five charts in front of her. She looked up at me and said, “I’m sure glad you’re here.”

“Are you almost finished?”

“I am finished,” she said, and began to put the charts back in their rack. Joan was around fifty. She was a big, imposing woman with a sharp, beaklike nose, square face, and tiny eyes. She had the reputation of being a heavy drinker, though all of us respected her enough to assume that she had the discipline to not drink before work. She could be scathingly sarcastic when her mood allowed it. She had worked as a psychiatric nurse for thirty years, and that experience had only increased her pessimism. She had no faith in psychiatrists or any system that claimed to be able to cure mental disorders. Strangely, it was her pessimism that made her useful on the ward. Because she didn’t bother herself with the hope of long term results, she was able to concentrate all her energy on the daily maintenance of individual patients, which was, by and large, the main body of our work.

I sat on one of the chairs in front of the desk and asked, “What happened?”

“Nothing much. Edith called in sick, and there were two admissions on top of everything else.”

“And Carol?”

Joan lit a new cigarette from the one she was smoking and then crushed the old one in an ashtray. “Is she still sitting out there?”

“Yes. She won’t go to bed?”

“She said she isn’t going to sleep tonight.”

“Is she upset?”

“I guess she is. I gather she doesn’t want to be here, but she is loony.”

“What did she do?”

“To begin with she kicked me.”

“Hard?”

“Not bad. I told her that if she did it again I’d put her in the security room.”

“And she didn’t?”

Joan tipped the ash from her cigarette into the ashtray. “No,” she said. “But she spent about an hour walking around the commons looking behind and underneath things—like she had lost something—but when I asked her what she was looking for, she wouldn’t talk. What else? Oh yea, she didn’t eat dinner, and when I asked her why, she looked at me and said, ‘I’m not so dumb.’ And she told old Mr. Jacobs that she died last night.”

“For a while we thought she might die.”

“I heard. I guess she thinks she’s a ghost. I bet old man Jacobs thinks so too.”

“And now she won’t go to bed?”

“No. I think she’s got it in her head that if she sleeps she’ll die. She’s real disoriented, and suspicious, real suspicious. I’m sure there are other things, but I can’t remember them just now. Just don’t stand within kicking distance.”

“Is everyone else the same?”

“Pretty much.”

“Why don’t you go home? It’s snowing again.”

“I think I will. Are the streets bad?”

“Not yet. But at the rate it’s snowing it won’t take long.”

I guess I should say something about Regina. She started working at the clinic the winter after we opened. I was hired in September, and she was hired just before the holidays when she and



her husband, a Methodist minister, moved to Providence from Bloomington. She must have replaced one of the other nurses, but I can't remember who anymore. Turnover was high, especially among the nurses. Generally women become nurses because they want to help people and since psychiatric patients seldom get better, it wasn't unusual for us to lose nurses when they found out that our job was short term crisis intervention and maintenance and not the healing of the sick.

In December and January Regina worked during the day, but in February she was put on the graveyard shift. As I said, none of us liked working the midnight-to-eight shift, and Regina was no exception, but, when she was hired, she had agreed to the idea of rotating shifts, as we all had. Still she made it clear to all of us that she preferred the day schedule, where she would have more of an opportunity to work with the patients. She was a heavy, articulate woman with straight black hair, which she wore in a bun on the top of her head. Her skin was pale, and she wore black or dark colors. She was probably about thirty when I worked with her, but her attitude, her dress, and her demeanor made her seem closer to forty. Later in the year one of the other nurses told me that she had some rather odd views—at least for the middle 1970s—about sex. She was apparently of the opinion that sex was only for childbearing and to use it solely for pleasure was morally wrong.

On our first night working together I could see that she was going to have a difficult month. After she took care of the little bit of business we had for the night, she stationed herself at one of the tables where the patients ate and laid out two spiral notebooks, a fresh legal pad, and a thick textbook entitled *Basic Clinical Diagnosis*. For the first half-hour, she read, scribbled on the legal pad, and occasionally hunted through her spiral notebooks for a passage, but by one o'clock she was already having difficulty staying awake. So she made a pot of coffee in the staff room and then drank two cups while pacing in front of the table, but it didn't help. As soon as she sat down to read she drifted off again, this time falling asleep with her head down and her arms crossed over her open book. I let her sleep. There didn't seem to any harm in it. We all took naps on the late shift; of course she didn't know that at the time. She slept for maybe twenty minutes and then awoke abruptly. For a moment she looked startled, as if she didn't know where she was, but then she smiled, stretched, and walked to the couch where I was reading. She sat down in the overstuffed chair across from where I was sitting. She wanted to talk.

At Bloomington she had taken some psychology courses, and though she wasn't exactly an intellectual, she had definite opinions about psychiatric care. That month she was studying a method called Reality Feedback. She had read a book about it and was eager to put it into practice. That night she explained the basic tenets to me. As Regina understood it, Reality Feedback was a system of helping deluded patients back to the everyday world by providing them with basic, simple statements: 'This is a chair.' 'My name is Regina.' 'I am a nurse.' 'Today is Thursday.' 'In one hour it will be time for lunch.' These pronouncements were supposed to act as signposts for a person lost in a delusional world.

I think I was bored that night—I was also a smart aleck—and so, to have some fun, I objected to Regina's idea of Realty Feedback on philosophical grounds. "Can we assume that the perception of our senses is a final reality?" I asked. And then, "Can we take our experience of the world as more legitimate than the experience of another person, even if their perception is held in a

minority?” Regina, who didn’t seem to have much of an emotional radar for when she was being put on, thought I was being serious and tried to answer my objections, until, that is, she saw me smile and realized I was having fun at her expense. I have to say, she took it rather well. She didn’t get angry or hold it against me. She just looked at me seriously and said, “I get it. You’re playing the devil’s advocate.” My joking aside, she still maintained that Reality Feedback was a practical and useful therapy, and when Carol arrived a few days later, she was ready to try it out.

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On the night that Carol decided that she wasn’t going to sleep, I walked outside with Joan to make sure her car was going to turn over. She was afraid that it wasn’t going to start because of the cold and because she had had some trouble with it earlier that week, and she knew I had a pair of jumper cables in the trunk of my Mustang. I went with her to the parking lot. The snow was really coming down. In the thirty minutes since I had arrived another inch or so had accumulated. Joan’s car started, and after she got away, I returned to the ward and was buzzed in by Regina.

After I hung my coat up in the staff room, I joined Regina and Carol in the commons. Carol was still sitting in the same place on a couch, and Regina was standing in front of her saying, “Carol, do you know why you’re here? Do you know who I am?”

I don’t know what had happened before I arrived, but Carol wasn’t having any part of this. She sat with her arms folded across her chest, staring at Regina as if she were an idiot.

When I sat down on the couch facing Carol, Regina fell silent and stared at the floor for a moment; then she looked over at me meekly as if to say, ‘Well, I tried,’ and marched off to the staff room to make a pot of coffee.

With Regina gone, Carol relaxed. She unfolded her arms and observed me with apparent interest. She seemed to be content to sit without talking, so I took a magazine from the table next to me and paged through it. But after a few minutes she suddenly yelled, “Quick! Turn off that light!” She pointed to the lamp on the coffee table next to where I sat.

I switched off the lamp. Carol stared intently at it for a moment, and then she turned away, took a cigarette from a package on the table next to her, and held it up for me to light.

After I lit her cigarette and sat back down on the couch opposite her, I asked, “Can I turn the lamp back on now?”

“If you like.”

“You don’t want it off?”

“No. It doesn’t make any difference to me.”

“No?”

“No, really I don’t care.”

I switched the lamp back on. Carol casually watched me do this, crossed her legs, and went on smoking. After she stubbed the butt of her cigarette in an ashtray, she began to say, “John...”

“Micah. Remember?”

At that moment Regina returned with her coffee. Carol turned and watched her as she sat down at a table near us.

I wondered who John was and how I could find out. “Carol,” I said.

She looked at me.

“Did you want to ask me something?”

“No.”

“I thought you were about to ask me a question.”

“No.”

We were silent for a long time after this. I read an article in a magazine, and Carol seemed content to smoke and watch me. Regina read her book, but after about forty-five minutes, she dozed off at the table. When Carol saw that she was asleep, she whispered to me, “Are we there yet?”

“Where?” I said, also whispering.

“You know.”

“Do I?”

“Of course.”

“Why don’t you tell me anyway.”

But when I suggested this, Carol looked over to where Regina was napping. She moved her eyes back and forth between Regina and me and sighed loudly, which was her way of letting me know that Regina was not to be trusted.

“It’s okay,” I whispered. “She’s asleep.”

“Is she really?”

“Yes, of course. Look at her.”

Carol looked at her, smiled, and then suddenly clapped her hands together. It was a loud clap. Regina started forward, looked around, and then stood and yawned loudly. “Don’t you think it’s time for you to get some sleep, Carol,” she said. “Tomorrow’s going to be a long day.”

Carol ignored this. She smiled at me triumphantly and held up another cigarette for me to light. Regina just shrugged her shoulders and went back to her book, but it didn’t take long for her to start to doze off again. She caught herself three or four times and tried to appear alert, but every few minutes she would begin to slip off again. Finally she stood and yawned again, and said, “I sure wish I could get a good night’s sleep.”

Carol ignored her again, but this time Regina didn’t let it go. “Carol,” she said, “don’t you think it’s time for you to go to bed?”

Looking at me Carol asked, “Is she talking to me?”

“I think she is,” I said. “You are Carol, aren’t you?”

“Sometimes.”

“Only sometimes?”

“I didn’t decide about it.”

“No? Who did?”

She leaned back and tapped the ash from her cigarette. She appeared to be thinking about what it was that made her Carol and who decided about it, but Regina interrupted her thoughts. “Carol,” she said patiently, “tomorrow is going to be a long day. If you can’t sleep, I think you should at least go to your room and rest.”

Carol glanced over at her and then said to me: “Why does she keep talking about sleep?”

“Ask her.”

“But it isn’t her.”

“No? Is it someone else?”

“Yes.”

“How can you tell?”

“By what she says. She can’t know.”

This was too much for Regina. She suddenly became annoyed and said, as if she were talking to a child, “Carol, I want you to go to your room right now! And I don’t want any arguments!”

Carol didn’t even look at her. She leaned forward and said to me, “See,” as if Regina’s little burst of temper were a confirmation of her argument.

After this Regina went to the staff office and brought out Carol’s chart. She wrote in it for a while, and then went back to the staff room for more coffee.

Carol watched Regina walk toward the staff room. When she was sure that Regina was out of sight, she stood and went to the table where Regina had been sitting. She pointed to the chart, and said, “Is it about me?”

“Yes.”

She lifted the chart open and thumbed through the pages. “Have you read it?”

“Some of it.”

“Is it interesting?”

“No,” I said, watching for Regina. “It’s pretty dry. Medication orders. Admission history. Things like that.”

She let the chart close. “John?”

“Yes.”

“Am I going to die? Is that what this all means?” She said this without emotion, as if she were only curious.

“I don’t know,” I said. “Are you afraid?”

But she didn’t answer. She lifted the chart open and began to read. I wasn’t supposed to be letting her read her chart, but I knew that if I stopped her I’d lose her trust. Luckily, whatever she read didn’t seem to interest her. After about a minute, she closed the chart and came back to where she had been sitting before.

“What did it say?”

“What?”

“The chart.”

“Nothing.”

She crossed her legs and said, “If I’m going to die, why do I feel so alive?”

“I didn’t say you were going to die. Why do you think you’re going to die?”

“I don’t think it. *He* told me.”

“John?”

She looked at me. She seemed confused. She went somewhere deep inside herself for about two minutes, but then the need to smoke got the better of her. She took a cigarette from the package on the end table next to her and held it up in the air. I stood and went to her, but when I took my lighter from the pocket of my jacket, she suddenly became frightened and tossed the cigarette across the room. We both watched it hit the wall near the ward clerk’s desk and roll underneath a chair. I didn’t say anything. I just sat back down.

I paged through my magazine. Carol just sat and thought, but after a few minutes she had the urge to smoke again. She stood and began to look around on the floor for the cigarette she had tossed across the room, but she looked in the wrong place. Twice she got down on her hands and knees and looked under a chair, which was on the other side of the room. The chairs all looked the same, but she wasn’t even close to where she had thrown the cigarette. Finally she demanded of me, “Where is it?”

“Where is what?” I said.

“You know.”

“You mean the exploding cigarette?”

“Just tell me where it is.”

I stood and retrieved the cigarette. I dusted it off for her before I gave it to her and lit it. She watched me with a smile. She seemed to understand that I was teasing her.

Regina came back while we were both still standing in the middle of the commons. We all sat down where we had been sitting before: Carol and me facing each other on separate couches, and Regina at her position at the table, observing us. Nobody spoke. Regina wrote in Carol’s chart, Carol smoked and watched Regina, and I read at my magazine. We passed maybe fifteen minutes quietly before Carol suddenly pointed to a box of tissues on the table next to me and screamed, “Quick! Throw them on the ground!”

I picked up the tissues and threw them on the floor.

Regina stood abruptly, looked at the box of tissues, and then at Carol, and then at me.

Carol was staring intently at the tissues. I said to her, “Now why did I do that?”

“Well, I don’t know,” she said with some irony.

“There must have been a reason.”

“I guess there was.”

“But you’re not going to tell me about it, are you?”

“No.”

“Why not?”

“Because you already know.”

“Do I?”

“Yes. Of course.”

This was more than Regina could bear. She marched around the table, stood between me and Carol, and said to Carol in an excited voice, “Do you know who I am?”

No answer.

“I’m Regina. I’m a nurse. And you’re at the Community Mental Health Center in Providence, Indiana. This is Micah. He’s an aide. We’re both here to try to help you. Do you want us to help you?”

Again no answer.

“I’m speaking to you, Carol. Do you understand what I’m saying?”

Carol didn’t even look at her. She leaned to her right to be able to see past Regina to where I was sitting and said, “Will you tell her what’s going on.”

“Maybe you should.”

Carol looked up at Regina. Maybe she actually considered telling her what was going on—I don’t know. She definitely took a moment, but then she slowly shook her head back and forth and said to me, “Not a chance.”

There was a long silence after this remark. Regina stood with her hands to her side, completely immobile, as if the strings that allowed her to move had been suddenly cut. I couldn’t see her face, but she seemed to be undergoing a kind of intellectual shock. She stood stock-still for maybe two minutes and then retreated back to the table where she was sitting and wrote furiously in Carol’s chart.

We were all quiet for some time after this. I read, Carol smoked, and Regina started to doze again. When I finished what I was reading and looked up from my magazine, Carol was staring at me. Regina was sitting with her head on the table. She was snoring. Carol smiled at me and asked again, “Are we there yet?”

“Where?”

“There,” she said emphatically and then clapped her hands together.

This woke Regina up. She stirred, stood, and then yawned. She didn’t seem interested in Carol or me, or what was going on between us. She took her flashlight and went to do the rounds.

After she was gone, I stood and stretched. I wanted some coffee and asked Carol if she wanted some too.

“No,” she said, looking in the direction Regina had gone.

“Carol,” I said trying to get her attention. “Can I ask you something?”

She looked at me, but she didn’t say anything.

“Who’s John?”

She didn’t seem to like the question, so

I decided to let it go. I went to the staff room. There was still some coffee in the pot from what Regina had made earlier. It was bitter, but I drank it anyway. Before I left, I looked at the clock. It was four in the morning.

When I returned to the commons, Carol was asleep on the couch. Regina was sitting upright at the table with her eyes shut. I woke Carol and walked her to her bed. She let me lead her to her room without an argument. Once she was in bed, I covered her with a blanket. She closed her eyes and fell asleep immediately, and she didn’t wake up for the rest of the night.

## 6

In the morning, while I was waking up the patients, Regina and Edith had a closed meeting in Edith’s office. I didn’t think too much about it—it wasn’t unusual for someone on staff to ask to speak to Edith privately—but later in the hospital parking lot, Regina caught up with me. I had unlocked my car and was scraping the ice off the windshield. She waved to me and called my name from the entrance of the clinic. I stopped what I was doing and watched her walk, without hurrying, toward me. She was wearing a heavy black coat and a bright red scarf. Her head was bare. She walked carefully, so as not to slip on the ice and snow. The sun was shining on the new snow.



“I wanted to talk to you,” she said when she was standing in front of me. She seemed embarrassed. She looked at me and then at her feet.

I said nothing.

“This morning I felt it was important to talk to Edith because I thought that some of your behavior last night was unprofessional. I wanted to tell you myself in case Edith talks to you about it. I don’t think she will. After I told her what happened, she basically told me off. She said that I had a lot to learn. She explained that you have a way of gaining the trust of patients who are suspicious of the rest of the staff. She also said that I won’t be able to do much good here if I don’t learn to have some empathy for our patients. She said that in her opinion you were the most sympathetic person on staff.”

She stopped speaking. I didn’t know what to say. I was shocked and embarrassed.

She looked at her feet again and then back up at me. “I guess I just wanted to apologize. I want to be able to work with everybody on staff. I am new to this, and I didn’t realize what you were doing last night. I was angry, and I didn’t understand your methods. But really now, looking back on it, you gained the patient’s trust, and I didn’t. In the future I’m going to try to be kinder and more understanding.”

I didn’t know what to say to this. Clearly what she had told me had been difficult for her to say. She looked at me expecting some kind of response. But what could I tell her? Could I have told her that I don’t have any methods, that I am not a sympathetic person, that, at best, I was acting out of curiosity? Could I have told her that I really only wanted to understand the patient’s point of view because I was hoping to find a good story? I was too embarrassed to admit my real motivations. I felt guilty, as if I had been caught in a lie. In the end I said, “We all have a lot to learn.”

She seemed satisfied with this and said, “I’ll see you tonight,” and then turned and made her way to her car.

When she left, my immediate feeling was one of relief. I just wanted to get away, to be by myself, and to think. The contrast between Edith’s picture of me and the reality of what I knew about myself shocked and dismayed me. I even wondered if she really believed it. It seemed to me that she should have known better. Maybe she was only trying to tell something to Regina, and I was the best example she had.

After that night I didn’t have much of a chance to talk to Carol because she began to sleep regular hours. She stayed at the clinic for another three weeks, and when we would see each other in the morning, just before I finished my shift, we would sometimes smile at each other knowingly, as people do when they share secrets. I did find out who John was. At a staff meeting

I told our psychiatrist that Carol had mistaken me for someone named John and that he might want to ask her who John was. He did and he told me later that John was her husband and that he had died eighteen years earlier in a car accident on the same highway where I skidded into a ditch on the night Carol and I first met.

A few days before she left, I sat with her while she ate breakfast and since I had the chance, I asked her if she had a photograph of her husband. She did. After she finished eating, she went back to her room to retrieve her purse, and then we sat on a couch together with another patient and looked at her pictures. The one of her husband showed him in uniform. He had been in the navy during World War Two and had served on an aircraft carrier in the eastern theater. And he did look like me. He was not my twin or anything like that, but there was a resemblance. She also showed us pictures of her two daughters, the one who had married the minister and another who lived in California.

I'm not sure why I still remember Carol after all these years. Maybe it's because she was one of the few patients I met who tried to retain her dignity despite the confusion of her senses. Maybe it's because I tried to enter into her perception and failed. I wanted to understand her, but somehow her collapsing world evaded me. Maybe I did all I could for her, but in retrospect, you always wish you had understood better and had been able to do more. Perhaps I was too young, and couldn't be expected to know any better. But now that I am older, I, like Carol, sometimes feel that the events from my past come crowding into my present. It's as if this structure we call time is not really sequential, as if yesterday might just as well have been a day twenty years ago, as if I might wake up tomorrow and be sixteen again or fifty-five, as if the loved ones I've lost and grieved over still exist and might return and comfort me today or tomorrow or in a year.