

The Trick is Not Minding That it Hurts

Zak Mucha

“All art is a sort of hidden biography. The problem of the painter is to tell what he knows and feels in such a form that he still, as if were, keeps his secrets.” —Lewis Mumford, 1936

“. . . I believe that any artist, in the beginning at least, is the victim of the song. In other words, the song starts the artist, the artist doesn't start the song.” —Sleepy LaBeef, 1979

I stumbled over questions as to why I liked my job; I understood it was not a “normal” job and, even in the mental health field, was at the extreme end of the spectrum. As the supervisor of a social work program with 70 clients suffering from severe psychotic symptoms we were on-call 24/7. We had to keep people housed, on meds, and off the news. I had to convince severely psychotic people to hand over their knives, crack paraphernalia, and once even an extremely cheap samurai sword. Our clients came to us, not only with acute schizophrenia and drug addictions, but with histories of incarceration, homelessness, multiple psychiatric hospitalizations, and every medical issue that comes with a transient life. We’ve had attempted suicides, successful suicides, barricade situations, and threats of homicide. One man projected his paranoia to us during a phone call from a subway platform, “The people all think I’m going to push them onto the tracks and I think they’re going to try to push me. . . .”

When I told others about the work, the general response was a well-meaning, “Good for you. . . .” Psychoanalytically-leaning folks pushed for a deeper answer, striking a nerve (and annoying me for hitting the nerve). I was proud when others admitted they would not want my job.

No clients came willingly and none were mandated. My job was to convince people that we could help them get something they wanted: housing, their disability check, find a relative, or stay out of a nursing home. When I got the call to interview Declan in a hospital unit, all I knew was he escaped from a psychiatric nursing home on the south side of the city and refused to go back. In the interview room, Declan deflected all questions with announcements of his personification of various hyper-masculine celebrities, “Hey! I’m Steven Segal and you’re Bruce Willis! Hey! Remember when they kidnapped your daughter and I kicked you the gun? I’m J.F.K.! I saved PT Boat 109!”

Throughout this barrage he watched my reactions. At the end of the interview I told the hospital staff I would take his case. Even wearing the marks of street life—filthy clothes, wild hair, missing teeth, and orange fingertips from cheap little cigars, Declan reminded me of the older guys I grew up watching and admiring: sorta hustlers, sorta irresponsible, sorta harmless—they would

do more damage to themselves than anyone else. Growing up, I had two types upon which to model myself—the irresponsible hustler or the stoic workhorse. Conflicted by these two male prototypes (If I knew of other role models, they were quickly dismissed), I would fall into the safer role of the stoic workhorse, but always tempted by the hustler characters as I sought an invitation from the adults drinking beer in the garage or at the picnic table.

On discharge day Declan was ready to go, wrapped in his sweaters, jacket, and overcoat. We had to get his prescription filled, pick up his social security check, and find him a place to sleep. In my car he bellowed the make and model of every car coming toward us. He pointed to buildings, announcing those he built by hand and those which were empty of all people. He sang classic rock songs without any radio accompaniment.

I interrupted, asking about his housing options and the only hotel he deemed acceptable, “You know, we should have a back-up plan in case they don’t have a room.”

“No. They’ll have a room.”

“What if they don’t?”

“They will.”

“How do you know?”

“They WILL!”

We kept driving. Declan kept singing and screaming about the cars coming toward us. I had a total stranger in my car and began doubting my judgment in accepting this case. I looked for a parking spot where I could give Declan a lecture about self-control while in the car.

He interrupted my thoughts, “Don’t worry, I’ll shut up when we get there.”

We pulled up to the hotel and Declan waited at the entrance while I approached the front desk. I had to convince the mother-and-daughter staff that Declan would be a perfectly fine resident. During the negotiations, Declan yelled from the hallway: “You gotta scare ‘em! Bruce! You’re the boss! The world was better before Eve!”

“Is he crazy?” the mom asked.

“That’s really not an appropriate term,” I suggested. “I’m a social worker. I help people find housing. Listen, I’m on-duty 24/7. If there’s any problems, give me a call. I live in the neighborhood.”

Declan sang Bon Jovi lyrics to the daughter while Mom and I reviewed the hotel rules. Declan and I paid a week’s worth of rent and then checked out his room. He took his meds and we made plans to meet again in the morning. Three hours later, the front-desk-daughter called, “Someone beat up your friend really bad! He was yelling at people outside and the ambulance took him.”

I found Declan in the nearest ER. From behind a floral-print bed curtain, he was screaming at the nurses, “I need water! This is Dr. House. I need water, stat! I’ll drink my own urine!”

As I stepped through the curtains, he greeted me, “It’s Bruce Willis! What are you doing here?” He had a broken nose and fractured orbital socket.

The attending physician sent Declan upstairs to the psychiatric unit and, over the next few days, hospital staff protected patient confidentiality by refusing to acknowledge whether he was on the unit. As a point of pride, I was not going to lose this client immediately after I took his case. I got myself up to the psychiatric unit and rang the sallyport buzzer. A young woman opened the door hesitantly.

“Can I help you?”

“I’m Bruce Willis.”

She looked at me and said, “Thank God. This guy’s been saying his case manager, Bruce Willis, was going to come get him.”



Clinicians on our team accepted a degree of paternal or maternal authority—we were involved in every aspect of a client’s life: money, food, medications, sexual issues, health, therapy, and self-care skills that unfortunately could include basic hygiene. Sometimes staff acknowledged, “They’re like children. . . .” This was only correct in the sense that our goal was to create a safe relationship for the client—one trusting relationship, one person for whom the client would be able to count on to keep their word, to handle any emergencies, no matter how awful. Many of our clients had no families, had not for a long time, and could not describe a safe or consistent relationship.

D.W. Winnicott, in a lecture from 1967, describes the development of this relationship as one where the world is presented as consistent and the child can shift from a sense of fragile omnipotence to an acceptance of reality:

“In schizoid illness, object-relating goes wrong; the patient relates to a subjective world or fails to relate to any object outside the self. Omnipotence is asserted by means of delusions. The patient is withdrawn, out of contact, bemused, isolated, unreal, deaf, inaccessible, invulnerable, and so on.”

The clinicians in our program consistently needed to bring the safety of Winnicott’s “holding environment” wherever they went; we worked in our cars, on street corners, in flophouse rooms, and emergency rooms. We had to work against lifetimes of anxiety that escalated into psychosis and terror where one’s own self was not a coherent and consistent object.

Declan desperately wanted to bond; over the next few years we learned he protected himself by creating a fantasy of an ever-shifting family system, assigning identities to people to meet his own hopes and to mark his

frustrations. In *Psychotherapy of Schizophrenia*, Bertram Karon and Gary Vanderbos describe the defensive measures we adopt to alleviate or justify anxiety:

“But most of the patients who break down under the stresses of normal life have been prepared for such a breakdown by a childhood that has made them vulnerable. The patient has suffered from a series of subtle and unsubtle rejections all his life. These lead to a formation of a set of fantasies, conscious and unconscious, which then later influence how later experience is perceived; further fantasies develop, which eventually, of course, lead to a way of understanding the world which is intolerable.”

On some days Declan told me of his wives: Lady Gaga, Madonna, Sheryl Crow, and our Nigerian nurse. He presented fantasy as fact and aggressively challenged any reality testing. He demanded that he and I worked together on construction sites in the past; we had the same father, mother, sisters, the same girlfriends and jobs. We were either psychiatrists or Vietnam vets. Over time, the fantasized relationship became modeled on the cop-buddy films and we played this out to meet our own—sometimes separate—goals.

Evicted from one flophouse hotel for grossly inappropriate behavior, Declan had to find another. I took him to another hotel I knew. Coming through the front doors, Declan whispered to me, “You do the talking. I got your back.”

We waited outside the manager’s office. People walking past called out and waved. I greeted them accordingly, Declan admonished me: “We’re CIA Covert Ops. You think you should be saying ‘Hi’ to everybody?”

I asked, “If I don’t, you think they’d get suspicious?”

“Makes sense.”

When the manager and I made small talk and Declan interrupted: “We do have to find me an apartment. I don’t have time for you to flirt with every woman you see.”

This is what cop buddies did—gave each other grief, joked around. In order for Declan to give up the defenses that pulled him entirely from our reality, I had to give up a little bit of reality. Proximity to people terrified him, but he also needed to incorporate them safely. If he could not, he attempted to repel them without understanding people do not always retreat when threatened. Offending others—and I suspect he was well aware of his offenses—simultaneously announced his existence and cleared the space around him. In situations where he felt he had no partners, no external representation of his self, his increased aggression risked his safety and independence. He screamed at city work crews as if he were the foreman. He would defecate on the sidewalk in front of our office and tell the janitor to quit yelling, the secretary

would clean up. At busy intersections, he would stop traffic in all directions by carrying on as if he could walk no faster than a little bird.

Like any symptoms, psychosis is the brain's attempt to protect the entirety of the person when stimuli cannot be determined as internal or external. The person is trying to differentiate the boundaries of their own self. Declan would begin testing the world as he moved from his hotel room to the hallway to the elevator to the street.

In the elevator once, an African-American man shared with us the ride down to the lobby. Declan fought against his own terror with a combination of absurd statements tinged with humor and threats. "He's not black you know," Declan said, gesturing to the other man. "He's wearing about ten thousand dollars of makeup." Moving from a private space to the public, his anxiety metastasized into terror on most days and he would be screaming obscenities at strangers. On some days he would howl until his voice disappeared.

Declan's comment on race (and racism) was often as close as he could get to a healthy outlet for his fear of the other. His grandiosity and paranoia are paralleled in a moment from one of Randy Newman's narratives of shame and pride. His "concept album" of the American South, *Good Old Boys*, and the accompanying demo of *Johnny Cutler's Birthday* present a similar situation. In one song, called "Back On My Feet Again," Johnny Cutler threatens and cajoles his own psychiatrist while telling of his sister who "ran off with a Negro from the Eastern shore. . . ." Where they land at the Hotel Paree and:

He went into the washroom
 Washed his face and hands
 When he come out he was
 White as you and me
 He said 'Girl I ain't a Negro
 I'm a millionaire
 As you can plainly see
 So many women were after my money
 But I'm proud to say that you
 Were only after me

Narrations are created to explain the distress of a moment or a lifetime. Lacks or overloads of information have to be justified. In the elevator, Declan was describing his own ability to see, no matter the subject or reality of racial inequality, to see past the surface. The man in "full makeup" had resources Declan did not. Declan could hardly afford cigarettes and this man had professional make-up artists helping him every morning. Psychotic symptoms become operational defenses against that perceived loss of omnipotence. That they do not work does not reduce their frequency.

Declan threw a chair at a woman one morning and the Chicago police helped me get him to the hospital. During the intake interview he refused to speak other than to inform the intake staff that I was his attorney and any questions should be directed to me. While the intake worker questioned me about Declan's diagnosis, medications, history and socioeconomic status, Declan only interjected once to comment on the latticework of delicate and expensive tattoos on the intake worker's arms: "Hey, kid, your parents know you have those tattoos?"

The worker didn't respond, but Declan made sure I recognized the young man's distress.

When the worker stood up to leave, Declan stopped him, "Hey, kid."

"Yes?"

"Your father will never be proud of you," Declan said, smiling at the young man's exposed nerve.

Randy Newman examined the adult child's shame of the father throughout his career, but in *Johnny Cutler*, his narrator mocks his father while mourning for himself at the father's funeral:

When I was born
My daddy put a football in my cradle
Later on he put a
Football helmet in my bed

The son's own lack of masculinity crushed his father's expectations; the boy cried when he broke a bottle in the barbershop, he cried at the zoo, he cried at the baseball game. He cried at the slightest distress or disappointment. Everything scared him and Newman's ambivalent slur intones each layer of a father's concern and disdain: "Daddy said, 'I ain't angry, but I'm so disappointed in you.'"

Over the coffin, the son built to the eulogy's punch line:

I put a razor in his coffin
And poured Vaseline all over his head...
Don't you wish it was me laying there instead?
But by tomorrow
I will be sober
And you will
Still
Be dead.

A joke may be our safest protection from such taboo. Hedging our bets against the unknown, we are taught to show respect for the dead and protect ourselves, fearful they might return or that we might join them. From the

moment of inception we are dependent upon others to have our needs met. Without the ability to acknowledge that our needs have not been met, we find other ways to say this, consciously or otherwise.



Before clip-jobs and fictionalizations overran true-crime writing, author Jack Olsen became known as a classic old-school, long-form journalist. The myth of the “bad seed” didn’t satisfy him and he sought answers for human behavior while others promoted serial killers as a species of sub-celebrity. Olsen showed there was less than we imagined behind the sociopath’s mask; psychopathy and sociopathy were, internally, boring. These humans felt nothing other than their own feelings and were willing to say whatever they had to, no matter how contradictory or absurd, to manipulate their surroundings. “I wanted to see why this little blob of protoplasm ended up a rapist or a killer,” Olsen said of his drive to write about the worst of human behavior.

The actual catalyst to Olsen’s work is only hinted at in his posthumous memoir, *The Pitcher’s Kid*, where the narrative ends at the author’s adolescence. Without creating a palimpsest with a lifetime of insight, Olsen wrote of a distant childhood where the world was wide open to discoveries. He wandered empty fields and riverbanks, socializing with hobos and taking home quips learned while fishing at the river. With little comprehension, he told his mother of the garbage floating atop the water: “If people looked in the river they’d think all we did was eat oranges and fuck.”

Olsen described his confusion regarding the family’s transience, the discord between his parents, and his father’s absences. His father professed of his former career as a major league pitcher and always cited the payday on the come. Big plans died away never to be mentioned again and the family would slip away from landlords in the middle of the night. Olsen lets his father appear to the reader as he appeared to the son; the contradictions were written off as a child’s perplexity of the adult world. To protect the image of his father, the child had to internalize any contradictions as his own fault. The book ends without touching on the fallout for the child and the reader is left to intuit the heartbreak after the last pages.

The stories we tell ourselves to survive childhood confusion, distress, and trauma, create who we are, directly or indirectly. We want answers for what we don’t understand and we fill in the blanks to protect ourselves. The child is forced to grasp onto the adults’ version of the world or reject it. If the child has to reject the adult version of reality, the child must create his own to explain the confusion and contradictions. The more disparate those contradictions, the

harder the child must work for a sense of safety. Most will internalize that contradiction and the resulting unease is imagined by the child to be his own fault.

Freud wrote of the childhood urge to correct the world:

“The child’s favorite and most intense occupation is play. We may perhaps say that every child at play behaves like a writer, by creating a world of his own or, to put it more correctly, by imposing a new and more pleasing order on the things that make up his world. It would therefore be wrong to think that he did not take this world of his seriously; indeed, he takes his play very seriously and expends a great deal of emotion on it. The opposite of play is not seriousness—it is reality.”

“Play” separates the child from the adult, but also is where the child practices for adulthood. Pieces of my childhood memories are blank or void of feeling, but the unreal remains vividly clear. Stories I was told of lives outside my own replaced any childhood fears I did not want to acknowledge. My grandmother told me “ghost” stories. I heard of horses bursting into flame as they reached a crossroad and babies afflicted with rashes that morphed into roses and the shape of a man’s hand. The stories were of her family threatened by the devil or warned of evil. Old murders cursed new families. Children grew sick and died because others wished it so. She taught me evil and sickness could be passed like whispers from one person to another. Like any public school Catholic, I went to mass every Sunday out of sheer obedience and memorized the structure and pace of the ceremony solely in order to mark time. But I also learned that real prayers were said by the old women in the family who protected children from the evil eye and appeared at bedsides to mumble prayers.

When I asked my grandmother for more stories she said she knew no more. I didn’t believe her and resented the withholding. At school, one librarian let me sneak into the older kids’ section and check out books outside of the K-3 section. I studied the woodcuts and lithographs of Satan tempting humans, of witches seducing fair-minded husbands, and both being driven out or burned at the stake. I provided myself enough material for nightmares; figures stood over me in my room or drifted through the house as dark, stoic bodies as I kept reading. I never asked anyone about this.

During the night, I would have to walk through a wide hallway to go from the bedroom to the TV. That hallway, two long rooms and a picture window, felt as if it were meant for some other family, some other children, with the good furniture for the neighbors to see on display. In my dreams, that hallway housed snarling, bloody animals and, repeatedly, in that space I saw the devils and practitioners of witchcraft my grandmother had learned of in the

old country. The dream content shifted over time, but that wide space with a low ceiling always remained, containing the terrors created as a child.

As an adult, I found a book of Italian folktales which would have all predated my grandmother. Here I found the same stories she told, but without her kin inserted. My first reaction was the woman simply lied to me. I wanted to imagine her stories were her own history, maybe not true, or witnessed, but a combination of family dreams and stories, shifted slightly and re-appropriated. Maybe this is what she did. There was no library in her house. She had taken history, like any writer, and refitted it for her own needs.



Over 20 years ago a University of Chicago Divinity School Professor and Romanian exile, Ioan Culianu, was murdered on campus. No suspects were ever found. Culianu was a religion professor who suggested synchronicity across time and cultures created one religion, later distinguished again by culture and tribe. In private, he studied and practiced the occult and wanted to bring the occult back into science. He wanted to understand the systems behind prophecy and he wanted to point out the truth of his homeland.

Author Ted Anton presented the story in *Eros, Magic, and the Murder of Professor Culianu*. The professor's death bookends the story, which is part biography and part murder mystery tinged by the occult, the absurdity of academic bureaucracy, immigration politics, and the Romanian police state. The story itself feels like a dream narrative with the mundane and concrete mixed in with rumors of occult practices and stories of irradiation rooms where detainees are held and never questioned by the secret police. These disparate points juxtapose, but do not converge. If Culianu's story were presented as popular fiction, the connections he searched for would have been found by plucky grad students dredging old illuminated manuscripts or by a computer hacker *deus ex machina*.

Culianu grew up in a Romania where night visits from the secret police, disappearances, mock trials, and forced labor were unspoken truths. "I know nothing of Romanian History," he said, "having grown up in Communist Romania." School lessons were directed by the party line; the government forbade religious holidays and families celebrated secretly. Forced into hiding, religious beliefs carried more power. If the living could disappear, the dead could rise. Romanian mysticism promised the dead walked the land, fed off livestock and, as they grew in strength, joined the living and were always able to recognize their own among the living

His own father was an academic, banished to unemployment in the countryside, working on his abstract mathematics in isolation as the family

supported itself. Culianu's self-appointed goal was to understand these layers in life, between the seen and unseen—what he would deem as chance and fate, and the false fronts of daily life with the understanding of the illusions used to protect the powerful.

In his writing, Culianu compared the Securitate that assassinated Causecu to the monsters of American horror movies; he fantasized conversations between generations of Romanian rulers, comparing notes as to the most effective means to psychologically maintain a fascist state so the oppressed willingly volunteer to forego any rights.

When President Iliescu condemned Romanian exiles who dared criticize their homeland, Culianu answered: "You gave me nothing but suffering, misery, stupidity, and pain. You stole twenty years of my life . . . I pretended for too long I did not hear you. Now is the time when you must hear me. And I'm going to speak whether you like it or not, often and louder."

In Chicago, Culianu received virulent threats via phone, mail, and in person. His comrades warned him off the subject as he stopped veiling his opinion in the language of mysticism of his fiction. When he became powerful enough through his writing, he was assassinated in a public bathroom. His murderer apparently stood on the toilet and fired a pistol over the bathroom stall, stealing any dignity from a man who threatened a government by making public his own thought processes.

A partner of Culianu's described him as having "undergone systematic abuse and alienation, like a person who had been run over again and again."

Those who tried to caution Culianu also noted his apparent resignation to a violent death. He saw the truth of his own homeland and wanted others to acknowledge the same hypocrisy. Finding that differential forces a person to make some attempt of constructing a unified world. Culianu's death protected his identity and provided evidence of the truths he saw. Identifying the surface and the layers beneath may be a matter of art for those who have the luxury of an audience, but on a continuum of ego ideals it is also a matter of basic self-preservation.

At the psychotic level, the individual fights more desperately than any artist in order to delineate those boundaries between the self and the outside world. Our clinical team had to help clients create a safe place in a world consistently threatening them as they straddled the line between the outside world and their internal world.

One woman wanted to find her parents and the factory where she once worked. She had no concept 20 years had passed, she only knew the world itself was not consistent; geography shifted, dead relatives returned, and living relatives were replaced by automatons. For her, the world was a terrifying place where others spoke in secret codes and you could get dragged away against your will at any time.

One client cited the *Matrix* movie as an apt description of his life: living in a lousy hotel room, surviving off of \$710 a month while paying \$550 in rent without friends or family to provide a modicum of support. His days resembled stretches of gray, broken up by television, meals, and a limited budget for junk food and 99-cent 2-liter bottles of generic soda from the corner store. He spent his days inside his head and kept himself inside his room. This reality was false and the only real world he could reach. In the real world, he had powers—he heard and saw things others could not. In the hospital, he had to acknowledge the gray surface world. Otherwise, they didn't let him back to the real world. *The Matrix* is to the psychotic individual what *Catcher in the Rye* is to the celebrity stalker—an explanation for and instructions to close that gap between fantasy and reality. Hinckley never attempted to hurt Jodie Foster, but he made certain their names were forever linked in the public consciousness.

Another client claimed he was pregnant with his own mother who concurrently was giving birth to him while in utero. This, too, was not a unique narrative, but one repeated by multiple clients describing an intergenerational Moebius strip of Matruska dolls. At times, he was summoned by the White House to save the president from bomb threats. His delusions were not “mental illness,” but messages from a grand overseer as that option were preferable to the diagnosis of Psychotic Disorder NOS and the acceptance that one has a “faulty brain.” The grandiose and the paranoid go hand-in-hand as each position justified the other.

Frightened and angry, they knew that people were terrified of them and they were terrified of the world. Unable to differentiate between their own selves and the outside world, our clients defended themselves against threats of annihilation. One former taxi driver ended up in the state psychiatric wards when the voices, he was certain, were coming from the passenger in the back seat. To ameliorate this, he would forcibly remove the customer from the cab.

Traumas were replicated and reenacted, but neither allowed any mastery over the trauma. If trauma was a major component of psychosis, then the psychosis itself contributed to further traumas in daily life, interrupting and destroying any sense of safety.

One aspect of our clinic, where we tried to create a safer version of the world for our clients, included a micro-lending program. The expectation was if a client paid back the loan, their credit would be good and they would be eligible for future loans. Declan refused to repay his loan; he swore he already paid his loan; he said he never borrowed money in the first place. His defense shifted to outward accusations: I had promised him one hundred dollars; I stole his money; I was lying about everything.

At the same time, the few other clients who could tolerate his aggression also dropped him socially. His behavior, which had both aggravated and charmed the team—we knew he was not dangerous, even though he frequently

scared landlords and people in the neighborhood—changed drastically. No longer did he meet us in the parking lot at 7 AM, bellowing morning greetings before staff got out of their cars. He no longer walked other clients into the bank, like a good host, to offer them free coffee. His efforts to create an extended family among our team died. He no longer identified a forceful African-American case manager as Lieutenant Ohuru from *Star Trek*, nor did he declare the Nigerian nurse to be one of his previous wives whom he met in a nursing home. I was no longer his construction foreman or his cop-movie partner. He identified no celebrities, either in himself or those around him.

The manic aggression and observing ego appeared to have collapsed to one level where he responded either with echolalia or blankly walked away from conversations. His protests against the world—as well as his efforts to find his own place in it—had stopped. He grew very quiet. While people outside of our crowd congratulated the team on “how well he was doing,” we didn’t like it. We tried to reduce Declan’s medications. The doctor refused and Declan refused.

If Declan decided, consciously or otherwise, that he could no longer maintain efforts to bring the world into his self-identity, incorporating celebrities and case workers as need be, and repelling them when anxiety spiked, then we (he and the clinical team) were left with an apparent shell of a person. He presented with no great distress and no overwhelming joys. All affect had flattened. He no longer made efforts to engage or enrage others.

Declan stumbled through the neighborhood in that familiar Thorazine-shuffle. We couldn’t tell if this was a relief or an acquiescing in the fight to define his self. When we tried to tell ourselves he was “better,” we suspected this was not true. We felt the same terror as our clients—an inability to influence the world around us.

Maybe Declan was at peace and the disappointment was a projection of my failed efforts to control and shape the adult world.