Doctors tend to enter the arenas of their profession's practice with a brisk good cheer that they have to then stop and try to mute a bit when the arena they're entering is a hospital's fifth floor, a psych ward, where brisk good cheer would amount to a kind of gloating. This is why doctors on psych wards so often wear a vaguely fake frown of puzzled concentration, if and when you see them in fifth-floor halls. And this is why a hospital M.D.—who's usually hale and pink-cheeked and poreless, and who almost always smells unusually clean and good—approaches any psych patient under his care with a professional manner somewhere between bland and deep, a distant but sincere concern that's divided evenly between the patient's subjective discomfort and the hard facts of the case.

The doctor who poked his fine head just inside her hot room's open door and knocked maybe a little too gently on the metal jamb found Kate Gompert lying on her side on the slim hard bed in blue jeans and a sleeveless blouse with her knees drawn up to her abdomen and her fingers laced around her knees. Something almost too overt about the pathos of the posture: this exact position was illustrated in some melancholic Watteau-era print on the frontispiece to Yevtuschenko's Field Guide to Clinical States. Kate Gompert wore dark-blue boating sneakers without socks or laces. Half her face obscured by the either green or yellow case on the plastic pillow, her hair so long-unwashed it had separated into discrete shiny strands, and black bangs lay like a cell's glossy bars across the visible half of the forehead. The psych ward smelled faintly of disinfectant and the Community Lounge's cigarette smoke, the sour odor of medical waste awaiting collection with also that perpetual slight ammoniac tang of urine, and there was the double bing of the elevator and the always faraway sound of the intercom paging some M.D., and some high-volume cursing from a manic in the pink Quiet Room at the other end of the psych-ward hall from the Community Lounge. Kate Gompert's room also smelled of singed dust from the heat-vent, also of the over-sweet perfume worn by the young mental health staffer who sat in a chair at the foot of the girl's bed, chewing blue gum and viewing a soundless ROM cartridge on a ward-issue laptop. Kate Gompert was on Specials, which meant Suicide-Watch, which meant that the girl had at some point betrayed both Ideation and Intent, which meant she had to be watched right up close by a staffer twenty-four hours a day until the supervising M.D. called off the Specials. Staffers rotated Specials-duty every hour, ostensibly so that whoever was on duty was always fresh and keenly observant, but really because simply sitting there at the foot of a bed looking at somebody who was in so much psychic pain she wanted to commit suicide was incredibly depressing and boring

and unpleasant, so they spread the odious duty out as thin as they possibly could, the staffers. They were not technically supposed to read, do paperwork, view CD-ROMs, do personal grooming, or in any way divert their attention from the patient on Specials, on-duty. The patient Ms. Gompert seemed both to be fighting for breath and to be breathing rapidly enough to induce hypocapnia; the doctor could not be expected not also to notice that she had fairly large breasts that rose and fell rapidly inside the circle of arms with which she hugged her knees. The girl's eyes, which were dull, had registered his appearance in the doorway, but they didn't seem to track as he came toward the bed. The staffer was also employing an emery board. The doctor told the staffer that he was going to need a few moments alone with Ms. Gompert. It is a sort of requirement that a doctor whenever possible be reading or at least looking down at something on his clipboard when addressing a subordinate, so the doctor was looking studiously at the patient's Intake and the sheaf of charts and records Med-Netted over from trauma and psych wards in some other city hospitals. Gompert, Katherine A., 21, Newton MA. Data-clerical in a Wellesley Hills real estate office. Fourth hospitalization in three years, all clinical depression, unipolar. One series of electro-convulsive treatments out at Newton-Wellesley Hospital two years back. On Prozac for a short time, then Zoloft, most recently Parnate with a lithium kicker. Two previous suicide attempts, the second just this past summer. Bi-Valium discontinued two years, Xanax discontinued one year—an admitted history of abusing prescribed meds. Depressions unipolar, fairly classic, characterized by acute dysphoria, anxiety w/panic, diurnal listlessness/agitation patterns, Ideation w/w/o Intent. First attempt a CO-episode, garage's automobile had stalled before lethal hemotoxicity achieved. Then last year's attempt—no scarring now visible, her wrists' vascular nodes obscured by the insides of the knees she held. She continued to stare at the doorway where he'd first appeared. This latest attempt a straightforward meds O.D. Admitted via the E.R. three nights past. Two days on ventilation after a Pump & Purge. Hypertensive crisis on the second day from metabolic retox—she must have taken a hell of a lot of meds—the I.C.U. charge nurse had beeped the chaplain, so the retox must have been bad. Almost died twice this time, Katherine Ann Gompert. Third day spent on 2-West for observation, Librium reluctantly administered for a B.P. that was all over the map. Now here on 5, his present arena. B.P. stable as of the last four readings. Next vitals at 1300h.

The attempt had been serious, a real attempt. This girl had not been futzing around. A bona fide clinical admit right out of Yevtuschenko or Dretske.

Over half the admits to psych wards are things like cheerleaders who swallow two bottles of Mydol over a high-school breakup or gray lonely asexual depressing people rendered inconsolable by the death of a pet. The cathartic trauma of actually going in somewhere officially Psych-, some understanding nods, some bare indication somebody gives half a damn—they rally, back out they go. Three determined attempts and a course of shock spelled no such case here. The doctor's interior state was somewhere between trepidation and excitement, which manifested outwardly as a sort of blandly deep puzzled concern.

The doctor said Hi and that he wanted to ascertain for sure that she was Katherine Gompert, as they hadn't met before up till now.

'That's me,' in a bit of a bitter singsong. Her voice was oddly lit-up for one who lay fetal, dead-eyed, w/o facial affect.

The doctor said could she tell him a little bit about why she's here with them right now? Can she remember back to what happened?

She took an even deeper breath. She was attempting to communicate boredom or irritation. 'I took a hundred-ten Parnate, about thirty Lithonate capsules, some old Zoloft. I took everything I had in the world.'

'You really must have wanted to hurt yourself, then, it seems.'

'They said downstairs the Parnate made me black out. It did a blood pressure thing. My mother heard noises upstairs and found me she said down on my side chewing the rug in my room. My room's shag-carpeted. She said I was on the floor flushed red and all wet like when I was a newborn; she said she thought at first she hallucinated me as a newborn again. On my side all red and wet.'

'A hypertensive crisis will do that. It means your blood pressure was high enough to have killed you. Sertraline in combination with an MAOI 28 will kill you, in enough quantities. And with the toxicity of that much lithium besides, I'd say you're pretty lucky to be here right now.'

'My mother sometimes thinks she's hallucinating.'

'Sertraline, by the way, is the Zoloft you kept instead of discarding as instructed when changing medications.'

'She says I chewed a big hole out of the carpet. But who can say.'

The doctor chose his second-finest pen from the array in his white coat's breast pocket and made some sort of note on Kate Gompert's new chart for this particular psych ward. Crowded in among his pocket's pens was the rubber head of a diagnostic plexor. He asked Kate if she could tell him why she had wanted to

hurt herself. Had she been angry at herself. At someone else. Had she ceased to feel as though her life had meaning to it. Had she heard anything like voices suggesting that she hurt herself.

There was no audible response. The girl's breathing had slowed to just rapid. The doctor took an early clinical gamble and asked Kate whether it might not be easier if she rolled over and sat up so that they could speak with each other more normally, face to face.

'I am sitting up.'

The doctor's pen was poised. His slow nod was studious, blandly puzzled-seeming. 'You mean to say you feel right now as if your body is already in a sitting-up position?'

She rolled an eye up at him for a long moment, sighed meaningfully, and rolled and rose. Katherine Ann Gompert probably felt that here was yet another psych-ward M.D. with zero sense of humor. This was probably because she did not understand the strict methodological limits that dictated how literal he, a doctor, had to be with the admits on the psych ward. Nor that jokes and sarcasm were here usually too pregnant and fertile with clinical significance not to be taken seriously: sarcasm and jokes were often the bottle in which clinical depressives sent out their most plangent screams for someone to care and help them. The doctor—who by the way wasn't an M.D. yet but a resident, here on a twelve-week psych rotation—indulged this clinical reverie while the patient made an elaborate show of getting the thin pillow out from under her and leaning it up the tall way against the bare wall behind the bed and slumping back against it, her arms crossed over her breasts. The doctor decided that her open display of irritation with him could signify either a positive thing or nothing at all.

Kate Gompert stared at a point over the man's left shoulder. 'I wasn't trying to hurt myself. I was trying to kill myself. There's a difference.'

The doctor asked whether she could try to explain what she felt the difference was between those two things.

The delay that preceded her reply was only marginally longer than the pause in a regular civilian conversation. The doctor had no ideas about what this observation might indicate.

'Do you guys see different kinds of suicides?'

The resident made no attempt to ask Kate Gompert what she meant. She used one finger to remove some material from the corner of her mouth.

'I think there must be probably different types of suicides. I'm not one of the self-hating ones. The type of like "I'm shit and the world'd be better off without

poor me" type that says that but also imagines what everybody'll say at their funeral. I've met types like that on wards.
Poor-me-I-hate-me-punish-me-come-to-my-funeral. Then they show you a 20 x 25 glossy of their dead cat. It's all self-pity bullshit. It's bullshit. I didn't have any special grudges. I didn't fail an exam or get dumped by anybody. All these types. Hurt themselves.' Still that intriguing, unsettling combination of blank facial masking and conventionally animated vocal tone. The doctor's small nods were designed to appear not as responses but as invitations to continue, what Dretske called Momentumizers.

'I didn't want to especially hurt myself. Or like punish. I don't hate myself. I just wanted out. I didn't want to play anymore is all.'

'Play,' nodding in confirmation, making small quick notes.

'I wanted to just stop being conscious. I'm a whole different type. I wanted to stop feeling this way. If I could have just put myself in a really long coma I would have done that. Or given myself shock I would have done that. Instead.'

The doctor was writing with great industry.

'The last thing more I'd want is hurt. I just didn't want to feel this way anymore. I don't… I didn't believe this feeling would ever go away. I don't. I still don't. I'd rather feel nothing than this.'

The doctor's eyes appeared keenly interested in an abstract way. They looked severely magnified behind his attractive but thick glasses, the frames of which were steel. Patients on other floors during other rotations had sometimes complained that they sometimes felt like something in a jar he was studying intently through all that thick glass. He was saying 'This feeling of wanting to stop feeling by dying, then, is—'

The way she suddenly shook her head was vehement, exasperated. 'The feeling is why I want to. The feeling is the reason I want to die. I'm here because I want to die. That's why I'm in a room without windows and with cages over the lightbulbs and no lock on the toilet door. Why they took my shoelaces and my belt. But I notice they don't take away the feeling do they.'

'Is the feeling you're explaining something you've experienced in your other depressions, then, Katherine?'

The patient didn't respond right away. She slid her foot out of her shoes and touched one bare foot with the toes of the other foot. Her eyes tracked this activity. The conversation seemed to have helped her focus. Like most clinically depressed patients, she appeared to function better in focused activity than in stasis. Their normal paralyzed stasis allowed these patients' own minds to chew

them apart. But it was always a titanic struggle to get them to do anything to help them focus. Most residents found the fifth floor a depressing place to do a rotation.

'What I'm trying to ask, I think, is whether this feeling you're communicating is the feeling you associate with your depression.'

Her gaze moved off. 'That's what you guys want to call it, I guess.'

The doctor clicked his pen slowly a few times and explained that he's more interested here in what she would choose to call the feeling, since it was her feeling.

The resumed study of the movement of her feet. 'When people call it that I always get pissed off because I always think depression sounds like you just get like really sad, you get quiet and melancholy and just like sit quietly by the window sighing or just lying around. A state of not caring about anything. A kind of blue kind of peaceful state.' She seemed to the doctor decidedly more animated now, even as she seemed unable to meet his eyes. Her respiration had sped back up. The doctor recalled classic hyperventilatory episodes being characterized by carpopedal spasms, and reminded himself to monitor the patient's hands and feet carefully during the interview for any signs of tetanic contraction, in which case the prescribed therapy would be I.V. calcium in a saline percentage he would need quickly to look up. '

Well this'—she gestured at herself—'isn't a state. This is a feeling. I feel it all over. In my arms and legs.'

'That would include your carp—your hands and feet?'

'All over. My head, throat, butt. In my stomach. It's all over everywhere. I don't know what I could call it. It's like I can't get enough outside it to call it anything. It's like horror more than sadness. It's more like horror. It's like something horrible is about to happen, the most horrible thing you can imagine—no, worse than you can imagine because there's the feeling that there's something you have to do right away to stop it but you don't know what it is you have to do, and then it's happening, too, the whole horrible time, it's about to happen and also it's happening, all at the same time.'

'So you'd say anxiety is a big part of your depressions.'

It was now not clear whether she was responding to the doctor or not. 'Everything gets horrible. Everything you see gets ugly. Lurid is the word. Doctor Garton said lurid, one time. That's the right word for it. And everything sounds harsh, spiny and harsh-sounding, like every sound you hear all of a sudden has

teeth. And smelling like I smell bad even after I just got out of the shower. It's like what's the point of washing if everything smells like I need another shower.'

The doctor looked intrigued rather than concerned for a moment as he wrote all this down. He preferred handwritten notes to a laptop because he felt M.D.s who typed into their laps during clinical interviews gave a cold impression.

Kate Gompert's face writhed for a moment while the doctor was writing. 'I fear this feeling more than I fear anything, man. More than pain, or my mom dying, or environmental toxicity. Anything.'

'Fear is a major part of anxiety,' the doctor confirmed.

Katherine Gompert seemed to come out of her dark reverie for a moment. She stared full-frontal at the doctor for several seconds, and the doctor, who'd had all discomfort at being stared at by patients trained right out of him when he'd rotated through the paralysis/-plegia wards upstairs, was able to look directly back at her with a kind of bland compassion, the expression of someone who was compassionate but was not, of course, feeling what she was feeling, and who honored her subjective feelings by not even trying to pretend that he was. Sharing them. The young woman's expression, in turn, revealed that she had decided to take what amounted for her to her own gamble, this early in a therapeutic relationship. The abstract resolve on her face now duplicated what had been on the doctor's face when he'd taken the gamble of asking her to sit up straight.

'Listen,' she said. 'Have you ever felt sick? I mean nauseous, like you knew you were going to throw up?'

The doctor made a gesture like Well sure.

'But that's just in your stomach,' Kate Gompert said. 'It's a horrible feeling but it's just in your stomach. That's why the term is "sick to your stomach." ' She was back to looking intently at her lower carpopedals. 'What I told Dr. Garton is OK but imagine if you felt that way all over, inside. All through you. Like every cell and every atom or brain-cell or whatever was so nauseous it wanted to throw up, but it couldn't, and you felt that way all the time, and you're sure, you're positive the feeling will never go away, you're going to spend the rest of your natural life feeling like this.'

The doctor wrote down something much too brief to correspond directly to what she'd said. He was nodding both while he wrote and when he looked up. 'And yet this nauseated feeling has come and gone for you in the past, it's passed eventually during prior depressions, Katherine, has it not?'

‘But when you’re in the feeling you forget. The feeling feels like it’s always been there and will always be there, and you forget. It’s like this whole filter drops down over the whole way you think about everything, a couple weeks after—’

They sat and looked at each other. The doctor felt some combination of intense clinical excitement and anxiety about perhaps saying the wrong thing at such a crucial juncture and fouling up. His last name was needle-pointed in yellow braid on the left breast of the white coat he was required to wear. ‘I’m sorry? A couple weeks after—?’

He waited for seven breaths.

‘I want shock,’ she said finally. ‘Isn’t part of this whole concerned kindness deal that you’re supposed to ask me how I think you can be of help? Cause I’ve been through this before. You haven’t asked what I want. Isn’t it? Well how about either give me ECT 29 again, or give me my belt back. Because I can’t stand feeling like this another second, and the seconds keep coming on and on.’

‘Well,’ the doctor said slowly, nodding to indicate he had heard the feelings the young woman was expressing, ‘Well, I’m happy to discuss treatment options with you, Katherine. But I have to say right now I’m curious about what you started it sounded like to me to maybe start to indicate what might have occurred, something, two weeks ago to make you feel these feelings now. Would you be comfortable talking to me about it?’

‘Either ECT or you could just sedate me for a month. You could do that. All I’d need is I think a month at the outside. Like a controlled coma. You could do that, if you guys want to help.’

The doctor gazed at her with a patience she was meant to see.

And she gave him back a frightening smile, a smile empty of all affect, as if someone had contracted her circumorals with a thigmotactic electrode. The teeth of the smile evidenced a clinical depressive’s classic inattention to oral hygiene.

She said ‘I was thinking I was about to say you’ll think I’m crazy if I tell you. But then I remembered where I am.’ She made a small sound that was supposed to be laughter; it did sound jagged, dentate.

‘I was going to say I’ve thought sometimes before like the feeling maybe had to do with Hope.’

‘Hope.’

Her arms had been crossed over her breasts the whole time, and though the room was overheated the patient rubbed each palm continually over her upper arms, behavior one associates with chill. The position and movement

shielded her inner arms from view. The doctor's eyebrows had gone synclinal from puzzlement without his awareness.

'Bob.'

'Bob.' The doctor was anxious that his failure to have any idea what the girl was referring to would betray itself and accentuate her feelings of loneliness and psychic pain. Classic unipolars were usually tormented by the conviction that no one else could hear or understand them when they tried to communicate. Hence jokes, sarcasm, the psychopathology of unconscious arm-rubbing.

Kate Gompert's head was rolling like a blind person's. 'Jesus what am I doing here. Bob Hope. Dope. Sinse. Stick. Grass. Smoke.' She made a quick duBois-gesture with thumb and finger held to rounded lips. 'The dealers down where I buy it some of them make you call it Bob Hope when you call, in case anybody's accessed the line. You're supposed to ask is Bob in town. And if they have some they say "Hope springs eternal," usually. It's like a code. One kid makes you ask him to please commit a crime. The dealers that stay around any length of time tend to be on the paranoid side. As if it would fool anybody who knew enough to bother to access the band on the call.' She seemed decidedly more animated. 'And one particular guy with snakes in a tank in a trailer in Allston, he—'

'So drugs, then, you're saying you feel may be a factor,' the doctor interrupted.

The depressed young woman's face emptied once more. She engaged briefly in something the staffers on Specials called the Thousand-Meter Stare.

'Not "drugs," ' she said slowly. The doctor smelled shame in the room, sour and uremic. Her face had become distantly pained now.

The girl said: 'Stopping.'

The doctor felt comfortable saying once again that he was not sure he understood what she was trying to share with him.

She now went through a series of expressions that made it clinically impossible for the doctor to determine whether or not she was entirely sincere. She looked either pained or trying somehow to suppress hilarity. She said 'I don't know if you'll believe me. I'm worried you'll think I'm crazy. I have this thing with pot.'

'Meaning marijuana.'

The doctor was oddly sure that Kate Gompert pretended to sniff instead of engaging in a real sniff. 'Marijuana. Most people think of marijuana as just some minor substance, I know, just like this natural plant that happens to make you feel

good the way poison oak makes you itch, and if you say you're in trouble with Hope—people'll just laugh. Because there's much worse drugs out there. Believe me I know.'

'I'm not laughing at you, Katherine,' the doctor said, and meant it.

'But I love it so much. Sometimes it's like the center of my life. It does something to me, I know, that's not good, and I got told point-blank not to smoke, on the Parnate, because Dr. Garton said no one knew what certain combinations do yet and it'd be roulette. But after a while I always think to myself it's been a while and things will be different somehow this time if I do, even on the Parnate, so I do again, I start again. I'll start out doing just like a couple of hits off a duBois after work, to get me through dinner, because dinner with my mother and me is—well, but and pretty soon after a while I'm in my room with the fan pointed out the window all night, doing one-hitters and exhaling at the fan, to kill the smell, and I make her say I'm not there if anybody calls, and I lie about what I'm doing in there all night even if she doesn't ask, sometimes she asks and sometimes she doesn't. And then after a while I'm smoking joints at work, at breaks, going in the bathroom and standing on the toilet and blowing it out the window, there's this tiny window up high with the glass frosted and all filthy and cobwebby, and I hate having my face up next to it, but if I clean it off I'm afraid Mrs. Diggs or somebody will be able to tell somebody's been doing something up around the window, standing there in high heels on the rim of the toilet, brushing my teeth all the time and using up Collyrium 30 by the bottleful and switching the console to audio and always needing more water before I answer the console because my mouth's too dry to talk, especially on the Parnate, the Parnate makes my mouth dry anyways. And pretty soon I'm totally paranoid they know I'm stoned, at work, sitting there in the office, high, reeking and I'm the only one that can't tell I reek, I'm like so obsessed with Do They Know, Can They Tell, and then after a while I'm having my mother call in sick for me so I can stay home after she goes in to work and have the whole place to myself with nobody to worry about Do They Know, and smoke out the fan, and spray Lysol all over and stir Ginger's litter box around so the whole place reeks of Ginger, and smoke and draw and watch terrible daytime stuff on the TP because I don't want my mother to see any cartridge-orders on days I'm supposed to be in bed sick, I start to get obsessed with Does She Know. I'm getting more and more miserable and fed up with myself for smoking so much, this is after a couple weeks of it, is all, and I start getting high and thinking about nothing except how I have to quit smoking all this Bob so I can get back to work and start saying I'm here when people call, so I can start living some kind of

damn life instead of just sitting around in pajamas pretending I'm sick like a third-grader and smoking and watching TP again, and so after I've smoked the last of whatever I've got I always say No More, This Is It, and I throw out my papers and my one-hitter, I've probably thrown about fifty one-hitters in dumpsters, including some nice wood and brass ones, including a couple from Brazil, the land-barge guys must go through our sector's dumpster once a day looking to get another good one-hitter. And anyways I quit. I do stop. I get sick of it, I don't like what it does to me. And I go back to work and work my fanny off, to make up for the last couple weeks and get a leg up on like building momentum for a whole new start, you know?'

The young woman's face and eyes were going through a number of ranges of affective configurations, with all of them seeming inexplicably at gut-level somehow blank and maybe not entirely sincere.

'And so,' she said, 'but then I quit. And a couple of weeks after I've smoked a lot and finally stopped and quit and gone back to really living, after a couple of weeks this feeling always starts creeping in, just creeping in a little at the edges at first, like first thing in the morning when I get up, or waiting for the T to go home, after work, for supper. And I try to deny it, the feeling, ignore it, because I fear it more than anything.' 'The feeling you're describing, that starts creeping in.'

Kate Gompert finally took a real breath. 'And then but no matter what I do it gets worse and worse, it's there more and more, this filter drops down, and the feeling makes the fear of the feeling way worse, and after a couple weeks it's there all the time, the feeling, and I'm totally inside it, I'm in it and everything has to pass through it to get in, and I don't want to smoke any Bob, and I don't want to work, or go out, or read, or watch TP, or go out, or stay in, or either do anything or not do anything, I don't want anything except for the feeling to go away. But it doesn't. Part of the feeling is being like willing to do anything to make it go away. Understand that. Anything. Do you understand? It's not wanting to hurt myself it's wanting to not hurt.'

The doctor hadn't even pretended to try to take notes on all this. He couldn't keep himself from trying to determine whether the ambient blank insincerity the patient seemed to project during what appeared, clinically, to be a significant gamble and move toward trust and self-revealing was in fact projected by the patient or was somehow counter-transferred or -projected onto the patient from the doctor's own psyche out of some sort of anxiety over the critical therapeutic possibilities her revelation of concern over drug-use might represent. The time this thinking required looked like sober and thoughtful consideration of

what Kate Gompert said. She was again gazing at her feet's interactions with the empty boating sneakers, her face moving between expressions associated with grief and suffering. None of the clinical literature the doctor had read for his psych rotation suggested any relation between unipolar episodes and withdrawal from cannabinoids.

'So this has happened in the past, prior to your other hospitalizations, then, Katherine.'

Her face, foreshortened by its downward angle, was working in the spread, writhing configurations of weeping, but no tears emerged. 'I just want you to shock me. Just get me out of this. I'll do anything you want.'

'Have you explored this possible connection between your cannabis use and your depressions with your regular therapist, Katherine?'

She did not respond directly as such. Her associations began to loosen, in the doctor's opinion, as her face continued to work dryly.

'I had shock before and it got me out of this. Straps. Nurses with their sneakers in little green bags. Anti-saliva injections. Rubber thing for your tongue. General. Just some headaches. I didn't mind it at all. I know everybody thinks it's horrible. That old cartridge, Nichols and the big Indian. Distortion. They give you a general here, right? They put you under. It's not that bad. I'll go willingly.'

The doctor was summarizing her choice of treatment-option, as was her right, on her chart. He had extremely good penmanship for a doctor. He put her get me out of this in quotation marks. He was adding his own post-assessment question, Then what?, when Kate Gompert began weeping for real.

Wallace, David Foster. Infinite Jest (pp. 68-79). Little, Brown and Company. Kindle Edition.