

## OVERHEARING

### NARRATOR

*This can be either a radio play or staged, with the classic old-fashioned dynamic of armchair and sofa familiar from 1950s/60s psychoanalytic cartoons, a trope still employed on occasion to this very day. The practice instituted by the father of this procedure, Sigmund himself, because he was too embarrassed by what his (largely female) patients were telling him to look on them face to face. By now it's an antique rarity, confrontation at eye level from armchair to armchair having grown more common as the revelations of psychoanalysis have grown less startling than mundane—of course you routinely grind your teeth when crowds press too close on the subway and wish you had a submachine gun, but we are agreed such a solution would be inadvisable, yes? Oh it's that kind of day is it? you're the reason they put us through those metal scanners at airports, no, that would be unprofessional in a trick cyclist—and the methods of psychoanalysis tend to dress the most intimate and heart-wrenching affirmations in decorative cobwebs. So either an armchair faces toward audience, away from patient reclining on sofa or you're hearing this via radio or podcast etc. C's voice has a soprano or mezzosoprano range, C/'s a mezzosoprano or alto.*

C

How have you been since our last session? Not hearing any voices I hope?

C/

You mean like yours? I didn't ask to be brought here.

C

You didn't seem to enter under any compulsion. I'd have noticed if there was a guard at either shoulder, I have sessions all the time with patients like that and once or twice in our history with you. In cases like that, if possible I prefer to reschedule.

C/

Oh, I don't mean here. This is a pleasant break from the monotonous routine. Maybe it's just a change of monotony but even that can be restful. I mean this institution where I'm confined against my will.

C

We're sorry about that. We'd rectify that in a moment but it's up to you much more than you realize. You have to help us fight those delusions, you have to want to help us normalize you.

C/

So I'm safe to release into the wild?

C

One reason a great many patients fall into the habit of their delusions, yes, is that it's more ordered and comfortable inside than it is in the wild, competitive roar of everyday life, we

*C(cont)*

have to rouse our patients' sense of adventure.

*C/*

That can be a difficult balancing act. In many respects it was patients' sense of adventure that brought them here involuntarily. On the other hand it would be useless to defang them so much that they'd be helpless at the hands of the world at large.

*C(scribbling)*

Why does that sound so familiar? Is patient quoting my own words, from previous sessions, back to me?

*C/*

From your previous sessions? Yes, she is.

*C(scribbling)*

We have to fight against the tendency of patients to grow as fluent in our special language as we are, and employ it as one more resistance tool.

*C/*

No fear of that—the fact that you're in the armchair and I'm on the couch shows who is best in command of the jargon of mental health and certification. Unless you'd care to switch places for a while, doctor? Have you been sleeping well? If those bags under your eyes were packed, you'd be going on a long journey.

C

I don't know why people keep asking me that, three sleeping pills with a whisky rocks a little past midnight and I'm out like a light. You have to understand that it gives us no pleasure to confine you against your will.

C/

You acknowledge it is against my will? In a society that trumpets to the very heavens how it values human freedom?

C

Where it doesn't threaten the freedoms and even lives of others, yes absolutely and we're right to trumpet it. You know what you were planning when you were apprehended and brought here, after some very savvy defense pleading I might add. Drab as this place might seem to you, it's not colourful in quite the way a maximum security prison would be. You've even taken off twice for afternoon excursions downtown, which might have been exhilarating in the short term but has had long term consequences: it makes us view you as a potential flight risk at all times, and will surely extend the length of your stay with us appreciably. And you know both times you came back of your own free will, positively begging to be readmitted. (Those clowns we had out looking for you, I'm not surprised you had to apprehend yourself.)

C/

It's dangerous and confusing out there.

C

If you've grown unfamiliar with the codes and conventions, yes.

C/

You have to admit I was less a danger to anyone else than they were to me.

C(*chuckling*)

You probably added a bit of colour to their otherwise drab lives. But we all know, back when you were one of that crowd, almost an indistinguishable member of it, what you were planning to do and almost succeeded at doing.

C/

Was that ever proved adequately in court? Anyway I wasn't, not at all. I was acting on instructions, detailed and in many cases perfectly bizarre, like your ethics guidelines they contradicted each other you know, to each others' faces and behind each others' backs. What kind of better world can you build if you can't even agree among yourselves what needs to be smashed to tiny irretrievable bits first?

C

We know. We know whose instructions you claimed, plausibly even to yourself, to be acting on, that's why authorities originally followed all those false leads. We have tapes of you talking in all those bickering voices, and who knows what they were saying subvocally in your head? Hence the question: since the last time we spoke, have you been hearing voice?

C/

It's funny the phrases people use. If you hallucinate, you're seeing things. If you hallucinate

*C/(cont)*

People in your head, you're hearing voices. But people see things all the time and people don't call them crazy.

C

Neither do we, it's no longer an approved term.

*C/*

They hear voices as clear as I'm hearing yours now and it's perfectly normal. What if, and this has happened, I were to suddenly wake up and discover instead of a session with you I'd been having a nightmare of one, detailed conversation and all?

*C(scribbling)*

Possible breakthrough. Patient confesses to having dreams which replicate our sessions.

*C/*

How long have you been speaking out loud the notes you take, doctor?

C

What do you mean? I wasn't doing that. I WASN'T DOING THAT!

*C/*

“Possible breakthrough. Patient admits to dreams replicating our sessions.”

*C(scribbling)*

Patient tries to rattle me with educated guess about a note I'm taking—interesting defensive (*stops scribbling*). Oh my god it's true, I wonder how long I've been doing that? I certainly

*C(cont)*

Better stop right now. Have other patients noticed? Have my colleagues if I've done it at group meetings to report on progress? Somebody would have mentioned, no it can't be I've got to be *very stern with myself and stop doing that.*

*C/*

So the voices we normally hear—real people is what they call themselves, but so did mine and for quite a while I believed them and now I'm being treated for that belief—and the things we normally see, all of us in a bunch, malls, traffic jams on pretzel highways, bombed out cities in the news with alarmingly daring close ups, fires that sweep a block of the city out of existence, mass graves planted by lunatics and dug by defense departments as policy—is all that real or a consensus hallucination?

*C(scribbling)*

Pseudo-philosophy—

*Stops, looks at pen in hand, forcibly sets it down on night table, disconnecting one by one each finger she holds it by.*

Pseudo-philosophy is a defense mechanism you've gotten very good at exploiting but even if you raise a point you could have a full satisfying semester of inquiring into in the safe confines of a university, you must realize such sophistry here is only delaying your cure.

That's the worst of it in our profession. The utmost reach of patient intellectual sophistication is as ready to use promoting self-harming delusions that have such negative implications socially as well, as it is to reach rationally based conclusions we can all agree (as we would with tremendous relief, even if only for the crowding in here) make it safe to let you back

*C(cont)*

into normal society where you can see things and hear things that are really there. It's what we all want for you. Then if you can master them successfully, play out to your heart's content these fascinating speculations about what's real and what isn't—

*C/*

What's harmful and what isn't—

*C*

I take your point, that's not always easy to see either, don't I know it in my profession?

*C/*

You never worked in one of the internment camps, doctor, employing your superior skills to break down prisoners mentally until they spilled what they knew?

*C*

And a good deal they didn't know, that's the worst of using your skills to break into people's skulls—what's just as likely as useful intelligence to spill out is detailed, plausible hallucination. People have literally vanished following purely illusory leads. It's one of the persistent bugs in AI too. No, I've never had anything to do with abuse of our profession and its power so questionable as that, but colleagues have, even some I was once close to. I can assure you that, with almost no exceptions, I am not close to them anymore.

*C/*

I've thought of asking you this many times—don't know why I've waited so long.

*C(scribbling)*

Patient doesn't realize—*(stops)*. It can take a long time to establish trust, every therapist recognizes and tries to combat that. We are bound very strictly by doctor/patient confidentiality, and of course the oath we took to do no harm.

*C/*

Some more than others. And if you were one of the voices in my head surely you'd have blabbed about it long ago without my having to speak. You'd be duking it out with one of those colleagues at a minimum over the ethics of the situation and at a maximum who knows? I've counted as many as twelve at a time whose voices I could distinguish from one another, all in my brainpan where they never shut up about ethics—ethics about when to do horrible, bloody, maiming things for the most part, it's the same with your people too it seems.

*C*

That may be oversimplifying a little. *(Begins to scribble.)*

*C/*

But there are cameras in every common room of the institute—we've tracked all of them down unless some are concealed more sneakily than we imagine, and scramble to sit in those seats that are out of their sight. But recording devices, we couldn't locate them in the walls if we tried without some risk of electrocuting ourselves. We assume they're there, wouldn't you? If you were in our shoes? Mine wouldn't fit you, you have seriously big feet if you don't mind my saying so. They certainly hear things and see things in the room where they study us 24/7. It's all square-edged and fitted with screens and all shuttered up inside with

*C/(cont)*

tangles of circuits and wires and it doesn't much resemble one, but it's the closest the technology of this institution can come to an exteriorized brain, the walls I'm positive are even grey, pulsing if I were in charge of design, that would be fitting, and us inmates (or, whatever the politically correct term of the hour is) are the voices inside that head and the visions it sees. The system must be clinging to its sanity precariously. I know in my case, if I could see them in the room in front of me as well as hear their voices, I was in a particularly bad way. Half their voices were assumed that fateful day by the officers who apprehended me. Talking in their own voices, talking in mine, it was terribly difficult making out what they were saying or even what I—all of them—was.

*C stops*

C

The monitors are principally for our patients' own safety. They are under observation all hours, but the bored security guards I'm certain have been proved experimentally to be able to overlook an elephant in the room. Most of you have less bulk than that. Not that it matters since the tapes, audio and vid, are always visible for review. For two weeks at least, and we archive footage of prominent disturbances and group or individual activity that might merit someone's attention.

*C/*

No doubt whoever looks at the tapes to edit these essentials is at least as attentive as the security guards who are your first line of defense?

C

I suppose there's nothing to do about the blind spots, although why any of you would want to put yourselves in danger by going to them I can't imagine. Even the human brain's an imperfect storage facility, extremely imperfect as recently studies have overconfirmed, that's why we need records that remain constantly the same. (*Scribbles a second or two.*) Blind spots, yes! I'll take it up with technical staff, they're so used to my nagging it'll probably go in one ear and out the other, but who knows? We may be protecting your interests more thoroughly any day now.

C/

And whatever your promise, and I think we can safely all assume you're sincere, you'd know it anyway if any of us didn't, I could always tell them my voices are dying or being gagged, but still! it isn't worth much to say my words are strictly between us if you don't know for certain there is no device intruded in the walls—or tracking us on directional mikes from an outside location possibly—that is hearing our voices and recording and playing back and editing for emphasis for all we know—it would make gripping reality tv if you cut out all the dull bits that might prove exculpatory.

C

We don't think much in terms of guilt and innocence here. Balance and imbalance, mental health and instability and naturally, since it's an obsession of the state and our funding depends on its study, dangerously overextended instability.

C/

You're employed as an industrial strength safety valve for emotional steam?

C

I have to say I see more signs of the most dangerous instability, and irresponsibility about the consequences of encouraging it—we've seen it in history before—outside these walls than in.

C/

Do you still sleep in one of the spare rooms with the tiny beds? You'd have trouble keeping your feet tucked in.

C

I never have done that as more than an expedient odd times, when the pressure of work was so great I'd stayed past the hour when I considered it . . . well, this isn't the safest of neighbourhoods.

C/

'Course not. The safe neighbourhoods don't want us anywhere near them. You have a toothbrush in the collapsible bathroom there and changes of clothes, more than one, in the closet. You keep your medications there. Does admin know? Some staff must suspect.

C

I don't know what you think any of that proves.

C/

I know what inferences I'd draw. I know what inferences Sally and Jean would.

C

So you have been talking to them? Since our last session, yes? I don't know how they'd get

*C(cont)*

any information anyway on this alleged semi-permanent room which they're misinterpreting completely. My use of it is very seldom, statistically negligible if that. *(Scribbles.)* Torn between wondering if this is a breakthrough and—*(Forcibly stops.)* On the one hand I don't know if I can urge you strongly enough not to listen to these voices, squelch and repress and strangle and rip them out of your throat and your brain by any means feasible, Sally especially if memory serves, and on the other hand I can't help but think bringing them up by name in our time on the couch is a potentially exciting breakthrough.

*C/*

A potential breakthrough we've had at intervals before, second and twenty fifth sessions especially—

*C*

Patients should not have access to their own transcripts.

*C/*

I don't, I'm just kidding you, If you don't believe me check your notes. Flip through them if you have to, but you must have access to them in your cerebrum and cerebellum if you concentrate very hard.

*C(scribbles)*

Sometimes I think every breakthrough's a stalling—*(tosses notebook noisily away.)* Well I certainly want to know if the voices have recurred, that's absolutely crucial information if Treatment's to have any hope of success. But I equally hope you're doing everything in your

*C(cont)*

power to repress, bury, burn it to the very scorched earth of your consciousness 'til it's nothing but ash you can safely and easily sweep from your mind. Especially if you entertain any hope of ever getting out of here permanently.

*C/*

Recent experience suggests I don't do well getting out of here even temporarily. I saw a small framed poster ad on the subway platform wall reading "Depressed? Suicidal? Call this number."—dann it and now I can't even remember what it was, one more potential safety valve gone—"We can help." Can you imagine? Up 'til then I hadn't suspected how

*C scribbles*

bad it had gotten out there, in fact it seemed pleasant to be among free people again, especially the ones out living in tents, seemed like a bold free-spirited choice especially in the dead of winter (I bet the permits you'd have to go through for that would be a nightmare) but it couldn't be as free and easy and happy as all that or people couldn't, legally and all, advertise suicide assistance services, right where commuters to and from jobs they hate, who couldn't afford vehicles to clot the highways and add two hours of unpaid travel time to their workdays, and also grumbled about that as if they were missing a privilege, and at rush hour who could blame them? the most advanced sentient life form on the planet (*C chuckles*) packed together with all the consideration you'd show to a moving sardine can with windows, at point of disgorging how were they supposed to resist an offer like that if they happened to glance up at it in the weakened condition they're left in after overwork at jobs it would be hard for a free society to justify putting them in? You might as well put a loaded pistol in the drawers at the desks within their cubicles or maybe a fat red cyanide pill, yes that

*C/(cont)*

would be less messy for sure. At least it wasn't the same size as the billboards for heavy metal concerts or reality tv or other slam bang opiates you'd think any free society would outright ban. They certainly looked like a crowd primed for it when they rushed out at me as I momentarily struggled to get on before, in flat out panic, I raced back and pressed myself against the platform wall, right next the assisted suicide phone number if I'd had a quarter in my possession—

*C stops*

C

It's fifty cents now. And they're almost impossible to find.

*C/*

I'd have called that number so fast! and wherever I had to go, whatever hoops I had to leap through, do they make you take some kind of aptitude test before you take whatever it is, injection or pill form, I'm pretty sure they wouldn't give you a revolver, a service like that would be hard sell enough to the appropriate government oversight bureau without ugly messes like that to clear up and explain away in the annual reports what if there wasn't enough room left on my credit card to pay for the service by the time I got there? Do I even still have a credit card?

C

Not at this present moment in time, no. You have credit at any shop on premises, but cards are strictly forbidden while you stay with us.

C/

Too sharp an edge? Afraid we might get ambitious and take the hour it would require to saw through our neck, straight across the jugular with one?

C

If you'd been found with a stolen one it would have gone even worse for you.

C/

I don't imagine it's a service with much *pro bono*. Interesting way to make a living though. Might be the next best thing, and I bet you'd get your credit rating up enough to merit a card in no time.

C

You may have misinterpreted the intent of the ad.

C/

I don't see how I could, seemed pretty crystal clear and unambiguous to me.

C

And is that when you decided to make your perilous way back to us? You were bleeding you know, from a wound in the side.

C/

I don't remember anything about that. Psychological assaults, I remember plenty of that, but I don't recollect anything physical. No, it was some hours later I think, jumbled and confused activities of all, shocks, traumas and even a little epiphany, all of it very hard to gauge on a

C/

temporal scale

C(*scribbles*)

Patient adjusts vocabulary to distance self from memory of experienced trauma. (*Stops.*)

Well? continue, we could be making exciting progress here.

C/

Haven't I told you all this before? Many times? It certainly feels as if I have. It certainly feels as if I've told *somebody*.

C

I'm pretty sure not, I'll consult my notes, but if you did touch on it, I'm sure it's never gone as deep as this before and so?

C/

What . . . did drive me back home in the worst state I've ever been in my life was the reindeer.

*C scribbles.*

At the mall. Glittering silver reindeer forty feet tall. Young boys were jumping up in the air to slap its colossal ass, just below the tail, for luck. That and the zombie apocalypse of passing shoppers, shop owners, food court employees maybe worst of all, moving about as if some thin fluid thread of death-in-life—I can't explain it, probably exaggerated but I could see it all just as clearly as the nose on my face at the time, you have to go cross-eyed to really see that properly—running through them all like quicksilver on their dim, plodding way, zombies

C/

without motivation or appetite certainly not for brains. This wasn't where I belonged.

C(*stops*)

Maybe some day, but for the time being you're absolutely right, it certainly isn't.

C/

You feel what I'm feeling more than with most of your. . . ?

C

I'm here to help *you*. My feelings whatever they might be are irrelevant (naturally I have them as everybody does) to our discussions in here.

C/

Have you ever talked to God, doctor?

C

Please tell me this isn't some new wrinkle on transference?

C/

What? (*After a pause.*) Oh no, I've never identified you with God, doctor, and I think I'd know if I was planning to start now. You don't fit the metaphysical description.

C

I'm delighted to hear you say that. I got over delusions of omnipotence in second year medical school I could point out to you some who never did.

C/

A pity they so often occupy positions of considerable power.

C

Debatable, and definitely not a sentiment that'll help you get out of here quicker. I've certainly never met Him socially, not to be formally introduced at least, I'm sure the formality of that is beyond the mastery of mere mortals. As a patient? No, though more than one of my colleagues have—really quite a surprising number of them if you think about it, maybe the polytheists are right after all. (*Scribbles.*) Something new. . . ?

C/

How do you mean new? (*C stops.*) I'm certain we've hashed out my prayers in early days when the first three quibbling voices—how little I knew then how lucky I was there were yet so few—and the only one who didn't respond at all was God when I asked him to shut them up please and you'd think it would be a simple enough task for a deity as purposeful as the rumours—

*C(scribbling)*

Patient has God delusions

C/

I have no illusions *whatsoever* about *that* fraud, useless in even a small emergency unless the spread and multiplication of voices *was* his answer to my prayer for release, isn't that a scary thought? I could be a saint on an interrupted mission, though you couldn't get a much

*C/(cont)*

stranger way of presenting it. . . but I suppose you wouldn't expect His way to resemble ours. He has so much more to concentrate on and if His brains are anything like ours, so much more to forget. I can't believe all this is a surprise to you, baffled as your face must look to anyone looking on, who've I been talking the ears off about it if not you,, whenever we get to a particular point in the ta—the session, I'm not at all as paranoid as you think. Do I have another therapist in my head, the twin of you. that I tell things to?

*C stops.*

That's a frightening thought!

C

I'll consult my notes, they're useful when memory slips, but I really don't think you could have talked, certainly not as much as you seem to claim you have, on a subject that big and it completely slipped my mind. I swear this is absolutely the first I can recall hearing about it.

*C/*

You pride yourself on how open your mind is, doctor. Wouldn't that make it natural for all sorts of things to slip in and out?

C

Levity. I appreciate that. It can help keep a session productive and on an even keel if it isn't another cleverly insinuated mechanism of resistance. But I'm very nearly positive you haven't told me any of these voices of yours was God, and if you're wise you haven't told anyone else that either. Patients and orderlies are notorious gossips, and when the authorities

*C(cont)*

hear about God turning up in a patient's delusions, they immediately begin to anticipate the worst and prepare accordingly. Air strikes have been called on foreign cities for less. Well, never mind, I'm sworn to confidentiality as you know. It certainly isn't what you'd expect, you have to admit that yourself I think, given your family background.

*C/*

I've rebelled against my family background every other way, renouncing atheism wouldn't be all that much of a stretch. It is a disturbing thought, and I don't think it ever occurred to me before. You can consult your notes about that too if you like.

*C(scribbling)*

Patient thinks I have endless time for homework on her case alone. *(Stops.)* Joking, I was joking. Go on, this could be a . . . well, you know. We may get you released on your own recognizance yet.

*C/*

Shiver. Do I even want that? But if I stay or go, it's still a troubling question to resolve. What if God didn't answer my prayer by taking away the voices but by multiplying them? Then in His devious, plausibly deniable, need-to-know way He'd be sending me on a mission. You could be in serious trouble cutting me off from divine fulfillment like that. Is this edifice proof against fire and brimstone, doc?

*C*

Why would God send you on such a pointless, purely destructive I mean it would have had a

*C(cont)*

powerful impact, as spectacle if nothing else, if you'd succeeded which thank God you didn't. Why would God want to rain down fire and brimstone on a . . . never mind. Forget I even asked. Foolish question. I'll make discreet inquiries among our fire safety inspectors.

*C/*

You have them on site?

*C*

We have to. In the first place, there is far too much going on here that it would not do for an outside inspector to know, and in the second place, with the number of pyromaniacs among those we're treating, it's best we have people on hand, in house, at all hours.

*C/*

You might have trouble getting insurance to pay out. Don't they usually have exemption clauses in case of acts of God?

*C*

If they can prove it. They'd probably tell us our best bet was to sue. What court could possibly claim jurisdiction?

*C/*

Good luck getting your defendant to show up in a court of law. Good luck getting Him to show up anywhere. I've never had any. Did your family have any trace faith in the old bugger left?

C

Not my parents' generation, grandparents and their brothers and sisters and such werew always quarreling with them about that. "You're just like your grand aunt Ophelia." Apparently she jumped the gun—she was an atheist long before it was popular or respectable. I had a come-to-Jesus-or-you're-going-to-Hell phase in my teens.

C/

I had one of those. I suspect everybody of our generation did. Come to Buddha or some such in the East I suppose. Praying for help about the voices and *physical appearances* brr! that came later. A move of desperation that come to nothing as you know. Noncommunicative bastard!

C

I see we're at a phase of decompression which can be a valuable point to arrive at in these exchanges if it helps the subconscious process the shared insights that have preceded it and doesn't deflect away from it right where it should be further pressed. As we're probably in the exhausted-by-what-we've-covered-today phase, I'm obliged to assume the former. As you likely know—patients as bright as you develop almost as keen an awareness of what's going on in your treatment as we, the certified experts, have—every phase of therapy is a double-edged sword: it can as easily point to a further evasion as the way to a cure.

C/

Or both at once, that's what I'd put my money on. You are aware in the real world what you've just described is called ordinary conversation, doctor?

C

Don't I know it, and aren't I notoriously bad at it, at a party for instance? I've been told that with annoyance, many times.

C/

My recent encounters have left me wondering, needless to say, whether this "real world" exists anymore. If it ever did.

C

Any casual remark can make me want to pounce like a cat on a mouse, with sharp questions meant to expose whatever neurosis was hiding inside it.

C/

People say "You're hearing things," "You're seeing things," it gets into you—maybe they're right.

C

Sometimes people are grateful, eager to understand themselves better but that's a minority. More often than not they think I'm going entirely too far in what should be a relaxed social setting.

C/

Maybe they're right even as regards themselves—do they seem to me any more real than the people shooting overlapping words, more than I can handle, in my head?

C

Or at committee meetings. People hate it when you start probing the deep psychic implications of what they're saying when the agenda is all dry, official business with no subtext whatever.

C/

They do not! And with few exceptions—you most of the time, not all—they're just as haranguing and contradictory even of themselves—

C

Department heads who are my technical superiors especially—I've had my own nearly snapped off, often enough to learn my lesson almost all the time. It does stay on your permanent record though.

C/

But you don't want to start thinking everyone you talk to or see right before your eyes, plain as day, or both God help us! talking at me *and* standing right there in front of me—it's a relief I don't have to face that when we have these or see anything more than a bit of your arm on the armchair rest or your leg protruding along the carpet—standing right in front of you in badly fitted clothes and slouches they don't wear at all well, did you know it's possible, close as you are to me (and I certainly don't mean *yours*, I'd notice and mention it) for someone's teeth to smell? I'm making that up, surely? And what do even the well-dressed, proper ones always and invariably, they want to *tell me things*, *instruct* me. Don't forget your books, you know what happens if you don't have them with you at school. Don't talk back, well a dozen voices chattering in and out and over and around and through each

C/(cont)

other all at once'll see to that, how's a rational clear-headed individual supposed to get a word in edgewise? Don't plot to overthrow the government or even reality as we know it—how? mainly by consensus and what if we're wrong, wouldn't it be a bad mistake to stop me then? I can understand there'd be penalties if you did make a dent in things and it wasn't a big enough one, and I suppose you *did* stop me, didn't you? I don't mean you personally, doc, you've always been helpful and sympathetic, *haven't you?* I suppose you'll tell me you can't really answer that, you have many times before.

C

What a time to misplace my notebook. I should be shorthanding all this! never mind it's so vivid and imagistic I'm bound to remember it clear as a bell.

C/

They keep me on my meds, that's a help with the worst of it unless it's disturbing my true mission, you'd better be clear about that especially because it's on *your* advice that I take them without grumbling much.

C

Except before sessions, or we'd lose almost all the potential discovery.

C/

But if I'm only seeing them and hearing them including you—smelling them too are olfactory hallucinations legitimate according to currently recognized science? not! if I can any way help it, *touching* them—you, and you all seem happy enough too that I don't, if all of you

*C/(cont)*

people the world out of my head, I don't know what—inner resources if I have any?—could ever cure me, which if I'm right means the world too, I can't cure the world, the world can't be cured, it's doomed, we're all doomed, yes doctor?

*Ding*

Uh-oh.

C

Yes, I'm afraid so. That's the bell that rings to indicate the end.

*C/*

Of?

C

The session of course, what else would it be? I am surprised it snuck up on me like that it usually doesn't unless a session has been particularly productive which I'm sure we can all agree, *both* agree

*C/*

But I was near a real—I don't think what I was just saying has ever been touched on and it sure feels pretty raw to touch on it now—there's really so much more to be—

C

I'm quite certain it has, I always find out it has through a careful perusal of previous notes, but it does seem an unusually fruitful avenue to explore, maybe one day we'll get to the end

*C(cont)*

of it and find ourselves within spitting distance of Cure Lane you'd like that wouldn't you?

*C/*

How do I know? How do I know I'm even real and could be cured if nobody else is?

*C*

These are extremely good, provocative questions to be taken up at our next session.

*C/*

What if I want to take them up now?

*C*

I have other patients.

*C/*

If I'm stubborn about it, what will you do? Bring in a guard twice my size for each shoulder?

I'm over time a bit already aren't I?

*C*

There is always a five minute grace period after the bell rings to end a session. Usually we can talk people down before their session officially finishes.

**NARRATOR**

Two guards stand at either side of the sofa if this is being staged. Sound effects and a line of dialogue cover their appearance if this is only being audibly transmitted.

C/

I see they're here. Amazing how I can call these things up just by speaking them aloud.

NARRATOR

She leaves without visible protest.

*C(scribbling)*

Delusions of Godhead, have we had that before? in this present instance I mean, God!  
another hunt through notes if they wouldn't perpetually disorganize themselves without my  
accord or permission what was the movie with the classically defended paranoid  
schizophrenic delusion? The title slips my memory, I think they'd classify it a little more  
subtly and differentially in the DSM, present time. "How do you know you're God?"  
"Simple. When I pray to him, I find I'm talking to myself" in a way you cant quarrel with the  
logic of that except there seems some disconnect between premise and conclusion, and of  
course both with tangible, workaday reality whatever we've decided *that* is these days. Not  
that that stops anyone who really craves a delusion of the utmost grandeur, I've treated a few,  
more I've dealt with in administration clamping an iron thumbs down on useful work  
schedule changes, senioral inequities I should have been department head long ago! and  
especially funding in the interest of vital research and of course our primary concern the  
patient. You could go crazy in a place like this, same as the best place to pick up an infection  
you didn't bargain for is a hospital sick ward.

*Pause. Scribbles.*

NARRATOR

Odd that the scribbles are so audible under physician's speech ramblings. Nobody'll believe

NARRATOR(*cont*)

it who's never written cursive.

C

Hearing voices, wondering if every voice you hear isn't actually inside your head (including mine, it seems, though I do think I can speak with confidence for myself) an unusually sophisticated delusion even for, if I say so myself, one of my prize patients, maybe I'd even give her pride of place now that I cured, or did I? that one who's running for high office, I hope if elected he remembers what he owes to me and the department he could easily then pull a few strings to make me nominal as well as for all intents and purposes head of but who knows? even in treatment he never seemed the grateful type.

NARRATOR

The mike has to be unusually sensitive, adjusted separately for voice and loudly sounding scribble. The marvels of the modern theatrical experience!

C

A feeling of mission possibly stifled, unusually hard to treat in the same room with a professional head shrink (makes us sound like aborigines) frustrated at every turn by recalcitrant patients on one end and overseers without a blind idea what they're doing or its possible consequences to care what promising areas of study and potential cure they scatter to the winds with stifling procedural objections and niggling accountancy quibbles! If we'd stop all the internecine bickering we could devote our energies strictly to treating these persistent delusions of a mission to change the world that have so much potential to imbalance. Bad enough the things they have to do (and *we*, more's the pity) to keep the world the same. On

C(cont)

course to slip into the sea, one of my patients said that and it's stuck with me. Plenty of sea to sink into, 75% of the world's surface area is water. And what do we expect to be able to do about that? stop making everything your particular problem. Good advice for patients and good advice for me.

NARRATOR

It's not a matter of verisimilitude, at least not purely exterior verisimilitude. She can't be making notes on my, surely?

C

Adjusting to the outside world, what do you say to patients who are terrified of that? your fears are exaggerated? better safe than sorry? if the world is your creation, cooping yourself in this pen is plain dereliction of responsibility? that'll depend on the client and the situation I suppose. Why are my eyes making the paper blur and the room too, now I look up and the world and the cosmos too for all I know? Gak I say to the known universe, gak! and to the unknown universe too as more of it recedes out of even our theoretical vissssss z z z z z nnn n n n T! t t t t ooooo b b bub u boooo o oi I I I I GRAkkkkk a a NN! Nnnmmmagu g g g qua qua qua izzit! izzit izzit noooooooooo! Fffffu z z z tttt t! t! t! AAAAARR Aaaaaaaa d d d d d d d dzz zzz zzz

NARRATOR

*Her head slumps forward and she begins to snore. Soon it subsides into silence, beneath the slowly fading scratches of cursive shorthand pen, you'd have to ask the author the intent*

NARRATOR(*cont*)

*behind that coming up like a wash of scratchy wave, too noisy for the real world unless it's with the more sensitive ears of dogs, you're hearing it, fading now, under the rrrr! Of another sound effect, underlying scritch of pen and scree of verbal then syllabletric, vocalization at the molecular level before it composes solid words and phrases which like most solid objects are mostly empty air and what is that sound effect that overrides and now replaces voice and scribble? the noise of tape sliding along the active head of a recording device, previously the undernote of all the rest, which persists a while and may seem to resonate still about your floppy ears in the silence that ensues until overtaken by an enthusiastic burst of applause from every available hand, I think the foregoing deserves it, don't you? Ahh, what do you know?*







