

A woman is lying in bed, partially covered by a white sheet and a dark floral patterned blanket. The room has dark wood paneling and floral wallpaper. A bedside table with a lit lamp is visible on the left. The title 'MEN HAVE CALLED HER CRAZY' is written in large, white, serif capital letters across the top half of the image.

# MEN HAVE CALLED HER CRAZY

*A Memoir*

ANNA MARIE  
TENDLER

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MEN  
HAVE  
CALLED  
HER  
CRAZY

*A Memoir*

ANNA MARIE  
TENDLER

*Simon & Schuster*

*New York London Toronto Sydney New Delhi*

To the women who held my hand when I was lost.

Amanda

Carmel

Holley

Irene

Jill

Kylie

Lauren

Maria

Sarah

*and*

Petunia

# One

First, they take my suitcase away from me. This is so they can search my clothes for drugs and weapons. Who are “they”? They are hospital staff, a specific check-in team that I never see again during my time here. They are warm, but not too warm, hardened from years of dealing with bullshit from patients who check in against their will, who are angry to be here, and who take their anger out on the first line of duty. However, they quickly accommodate their approach to you based on how you approach them. If you are difficult and have an attitude, like the young redhead checking in next to me, they will be short and direct. If you, like me, have chosen to be here, are relieved, even happy to be here, they will speak to you in soft voices, ask you if you’re comfortable and offer you snacks. I only accept a paper cup of water.

I sit in a room by myself for five minutes. The room has beige walls, gray carpet, and a wood-carved sign hanging on the wall that reads HOPE. A friendly nurse in her mid-fifties comes to get me and brings me into an exam room, like one you would see at any doctor’s office. She introduces herself, but it is unlikely anyone could remember a name under these conditions. I certainly do not. She asks me many questions.

“Why are you here?”

“Intense suicidal ideation, self-harm, disordered eating.”

I try not to cry, saying it out loud for the first time in such a matter-of-fact way.

“What medications are you allergic to?”

“Sulfa.”

The nurse then assesses me for suicide risk.

“Have you thought about taking your life in the past forty-eight hours?”

“Yes.”

“Do you have the means to carry out this plan?”

“Yes.”

“Do you experience feelings of worthlessness?”

“Yes.”

“On a scale from one to ten, ten being the greatest, how great is your desire to die?”

“Eleven?”

Apparently, my risk is high.

I have entered the hospital on the recommendation of my therapist, Dr. Karr. She felt we had come to an “impasse” (her words), where she was at a loss for what to do with me (my words). I will participate not in their typical thirty-day program but in a new program that is only one week long and is designed to provide a psychiatric and psychological workup for patients who are struggling to get proper diagnoses elsewhere.

A psychiatrist enters the room. He is wearing a collared, button-down shirt that is a little too wrinkled, and khaki pants that have remnants of a coffee stain above the right knee. Though the hospital itself has no religious affiliation, this psychiatrist is Jewish. I know this because he is wearing a yarmulke. Jewish psychiatrists as a concept make sense to me. Judaism as a faith allows for doubt. It encourages its people to ask questions—of their relationship to God, of that which may be considered sacred. Jews love to analyze. I know this because I am one of those Jews. The psychiatrist, who identifies himself as Dr. Samuels, asks a series of questions designed to illuminate possible psychosis or bipolar disorder.

“Do you hear voices speaking to you?”

“I do not.”

“Do you ever have prolonged periods of elation?”

“No, but that sounds nice.”

“Do you have long depressive periods?”

“Yes, but not in the way I think you mean.”

I think that response is at least a little funny, but he jots down a note, straight-faced.

Within ten minutes I’m being asked to recount past physical and sexual abuse. I feel these should be Day 3 questions. However, it is often easier to tell these things to strangers, so I do. I tell him about more than one sexual encounter with older men when I was underage, but they were consensual. No matter how weird I feel about them now, they were, at the time, consensual.

“You seem to be making a point to tell me they were consensual,” Dr. Samuels says.

I shrug.

Everything I explain to him feels vague, like it could be something, but it could also be nothing. Is any of it abuse? Is it kids simply exploring sexual boundaries they don’t understand? Is it adult men simply exploring sexual boundaries they are conditioned to disregard? I feel stupid recounting these experiences in all their un-concreteness. I do not know what they mean. Maybe they don’t mean anything.

The doctor makes me follow his finger with my eyes, *not* my head, to make sure I don’t have a brain tumor. I do not. As he is about to leave the room, he pauses and turns around.

“Have you ever written a suicide note?”

“No. I mean, yes. I’m not sure. I think so?”

“When you wrote it was your intent to harm yourself after?”

“It was.”

“But you didn’t.”

“Not in the suicidal sense.”

“Can you elaborate?”

“I wanted to die, but I cut myself instead, and that cutting wasn’t meant to kill me.”

“What was it meant to do?”

“Relieve my pain.”

“Did it work?”

“Temporarily, yes, it did. But now I’m here. So I guess... no?”

He finally laughs. “Have you been restricting your eating for a long time?”

“Not really,” I say. “Summer 2020.”

“Why did you start restricting your eating then?”

“I was experiencing very bad anxiety, exacerbated by the pandemic. So at first I wasn’t eating because I was so anxious, I didn’t have an appetite. Then it turned into a competitive game with my scale. A how-low-can-I-go situation, because I wanted to feel in control of something.”

Dr. Samuels nods. “I understand. Thank you.”

Then he is gone.

While I wait for the nurse to return, I think about that note—its absurdity, its self-involvement. It was largely about how no one around me seemed to be paying attention to my mental and physical decline. There was one particularly mortifying part about wearing a very sexy dress to a party and receiving no compliments about how hot I looked. The note was filled with venom and rage. I was so blinded by anger, I was ready to end it all over something as trivial as a leopard-print Norma Kamali dress. Underneath the vanity was a deep depression, a seemingly bottomless chasm of worthlessness and anxiety. I was a woman losing her grip on a life I was holding so tightly to. Consumed by embarrassment at the note’s contents, I ripped the note into tiny pieces the following day and scattered it into various garbage cans inside my New York City apartment.

The nurse measures my height and weight: five foot two, eighty-one pounds in clothes. Her face shows no sign of reaction as she writes these numbers down. There are no mirrors in this room, but I know what I look like—emaciated arms, a massive thigh gap when I stand with my legs together, ribs and hips protruding, breasts nearly dissolved into my bony chest. She takes my blood pressure, which is eternally low, and I hear, as I always do at doctor’s appointments, “Wow, you’re going to live forever!”

If up until this point I had any illusions that I haven’t checked into a full-blown psychiatric hospital, the nurse makes me undress to confirm I have no drugs hidden in my clothes or on my person. I do not. As the nurse rifles through my clothing, she apologizes and tells me, “It’s not personal.” I pee into a cup, a triple check that I’m not on drugs. I’m still very much not on drugs. The nurse does a visual body scan to assess the severity of my self-harm. It is quite severe. I pull the medical tape, which holds bandages in place over the cuts covering my arms and thighs, from my skin.

“What type of self-harm do you engage in?”

“I cut,” I say, wondering why doctors and nurses seem to never debrief one another.

“What do you use to cut yourself?”

“Scissors.”

She looks up at me from over her wire-framed glasses, her stoic expression breaking for a moment. “You did all this with scissors?”

“I did.”

“At what age did you begin to self-harm?”

“Fourteen.”

She looks over my arms and legs carefully, but with swift purpose. “Do you feel like any of these are infected?” she asks me.

“No, I take pretty good care of them,” I say, and she nods, jotting something down on my chart. “I guess that’s part of the ritual too,” I add.

It has been about ninety minutes since I arrived, and now I'm fully clothed again and sitting alone in the waiting room. Another strange face pops his head in and says they are almost finished searching my bag and I should not have to wait too much longer. I'm wishing I had accepted the snacks offered earlier. I'm hoping he will ask me again if I want snacks. God, all I want are snacks. He starts to close the door and I find my voice, but only insofar as to croak out one word:

"Snacks?" Jesus Christ. At least I had the wherewithal to phrase it as a question.

"At the end of the hall. Help yourself." He smiles and leaves.

At the end of the hall there is a small table set up with chips, cookies, hot water, and a coffee maker. I pocket three packets of Swiss Miss Milk Chocolate with Marshmallow hot cocoa mix. *Treats for later*, I think to myself, smiling at my keen ability to plan ahead. I also take a bag of Cool Ranch Doritos. My absolute favorite junk food. I have not eaten much in the past seven months, but in truth, I do not like not eating. I feel like shit all the time—tired, weak, nauseous from my stomach trying to eat itself. I know it's doing nothing to help my mental health, but I find comfort in how bad not eating has made me look. Most of my life my outward presentation has not matched my inward reality, but with my body gaunt, my face droopy and puffy at the same time, I'm forcing the outside world to confront a more honest—and probably scary—version of my mental state. Now, today, I no longer have to convince anyone how bad I feel. I might as well eat the Doritos. Still, enjoying a flavor-bursting tortilla chip at my hospital intake feels somehow disrespectful to the gravity of the occasion. I decide I'm too tired to have a morality negotiation with my inner monologue. I open the bag and pop a chip into my mouth.

So far, the hospital is not so bad. This is an all-you-can-eat treat situation. Then they take my iPad, wallet, and my phone. For some reason, they let me keep my Kindle. I am given a tiny blue notebook with about ten blank pages and a super small pencil.

"It's for writing down anything you might want to write down," the nurse says.

It would be difficult to write anything beyond "I am at hospital" with these items. I'm relieved I brought my own notebook and pen.

I am loaded onto a small bus with my suitcase. I am the only person on the bus. The hospital is set up in six houses. The Main House is where everyone starts. You are monitored closely, you detox if you need to detox, and after about five days to a week you are filtered into one of the other houses based on your diagnosis. I am allowed to skip Main House because I do not require a detox. Dalby is female only, for patients struggling with addiction and co-diagnosis mental illness. Oscar is male only, for patients struggling with addiction and co-diagnosis mental illness. Forest is coed, for patients in the dialectical behavioral therapy program, non-addiction, co-diagnosis mental illness. Andrews is for patients with severe mental illness—mood and personality disorders—who risk being a danger to themselves or others. And lastly, there is Carlyle, a coed house for people who pay extra to be sequestered from the general hospital population.

I arranged ahead of time to be in Dalby because I absolutely refuse to be around men.

"I don't even want to look at them," I told Dr. Karr, our faces side by side in the Zoom split screen I had come to know so well over the past year.



“You should know that your medical team there is going to be largely men,” Dr. Karr said. “A male psychologist, a male psychiatrist, and one female social worker.”

“I don’t like that.”

“They’re professionals. I would like you to give them a chance.”

“I can do that. I don’t like it. But I can do it.”

“I’ve communicated to them that you are distrustful of men and that it’s important for the female social worker to regularly check in with you.”

“Thank you. I appreciate that. Fucking men.”

“Fucking men,” she repeated back to me.

Now, on the bus to Dalby, I have the terrifying realization that I’ll be living for the next week with females who are strangers. I’m not sure why I hadn’t considered this before, but I’m glad I had not; maybe I wouldn’t have come—too scared at thirty-five to put myself in such an unfamiliar social situation. The women might be mean to me because I’m new, or they might be unpredictable due to mental illness. My anxiety hinges on the anticipation of the unknown.

I get off the bus and am greeted at the door of Dalby by a house manager, a brunette woman in her late twenties.

“You can leave your bag right here,” she says, gesturing to a spot in the foyer. The house décor is plain but not clinical. The living room is cozy; carpeted, with two couches and a love seat. The kitchen has a large table with dining chairs. It feels like a modest New England vacation home. “We’ll go over some rules and basic information, then you can grab your suitcase and I’ll show you to your room.”

At the kitchen table she starts right in. “There’s no food or drinks allowed in the rooms. Don’t go into other patients’ rooms. Socializing must take place in the common areas. Feel free to go for walks throughout the campus. iPads, provided by the hospital, are allowed to be borrowed for one hour a day to check email. Your search history will be checked upon their return.” She pauses. “Any questions?”

“Not at the moment,” I say.

“Now we have to go over fire safety.” She reads the confusion on my face. “It’s protocol. How would you know if there was a fire in the house?”

This seems like a trick question.

“I’d hear a smoke alarm?” I say.

“What would you do if there was a grease fire in the kitchen?”

I’m so confused why I’m being asked this.

“I’d throw flour on it?” I vaguely remember learning this at fifteen in home economics class, the same class where I got a finger stuck in a sewing machine while sewing piping onto a pillow without the machine’s safety foot. My machine jammed, making a horrible loud click, and I looked down to see the needle through the pointer finger of my right hand. It did not hurt immediately, but the pressure was intense. I raised my free hand.

“I just sewed into my finger,” I said calmly.

“OH MY GOD!” a girl yelled. The entire class jumped out of their seats, gathering around the machine to which I was attached.

The teacher screamed and ran out of the classroom.

“Where the fuck is she going?” I said. “I literally have a needle through my finger.”

The teacher reentered the room with the gym teacher, who was next door teaching a CPR class.

They walked up to my machine.

“If you turn the manual knob one way, the needle will go straight up and out,” she explained to the gym teacher. “If you turn it the other way, it will go down first and *then* up.”

“Which way do I turn it so it goes straight up?” the gym teacher asked. Why had the home ec teacher called on him to do this job? He seemed like a totally unhelpful addition to this equation.

“I don’t remember!” Beads of sweat were forming on her nose.

“Can someone go to another machine and see which direction to turn the knob so the needle goes straight up?” I said, losing my patience.

A classmate popped over to the machine next to mine. “It’s clockwise.”

The gym teacher put his hand on the knob. “On the count of three I’m going to—”

“JUST DO IT!” I screamed. He did, releasing my hand from the machine.

I fainted on my way to the nurse’s office, but I happened to be passing a friend in the hall and he got me to my destination. My mom picked me up and drove me to the local hospital.

“Hey,” she said proudly, “this is the first time you’ve been back to this hospital since you were born. Not bad.”

“Not bad at all.” I was so happy to get out of school early.

The hospital I’m at today isn’t the kind of hospital you go to for a tetanus shot after sewing through your finger in home ec class. And my mom didn’t drive me here, I drove myself. When I told her over the phone I would be going to a psych hospital, she was confused. When she saw me in person she was no longer confused, she was relieved.

\* \* \*

“You passed the fire safety test,” the house manager says and takes me to my room.

The room looks exactly like the dorm where I spent ten months before dropping out of college: two single beds, each with a nightstand, two dressers for hanging and folding clothes, and two small wooden desks.

“The good news is no one has to have roommates right now. It’s always very quiet here the first week of the year. There are only four other girls besides you. As new people arrive, we’ll have them bunk up before you guys have to. Chances are highly unlikely you’ll ever have a roommate.”

“Oh, that’s nice,” I say as she leaves the room. When I close the door, I stand facing it, my forehead resting against the cool wood. “Thank you, thank you, thank you,” I repeat, like an incantation for future protection.

I sit down on the bed, which is hard and sounds like it has plastic casing around the mattress. The sheets and blanket are extremely thin. I immediately become anxious that I will be cold at night. Since I’ve lost so much weight, I’m cold all the time. At home I wear long underwear under my clothes during the day and sleep in sweats under a big down comforter at night. Why would the sheets be so thin? It’s winter. For clothes, I have only packed three sweatsuits, which I’d planned to rotate over this week, but I realize now that I forgot to pack pajamas. I designate one sweatsuit for sleeping. When

unpacking my toiletries, I find they have confiscated my travel-sized bottle of contact lens solution, presumably so I don't try to kill myself by drinking it—not a thing I have ever entertained doing.

I sit on my bed and stare—at the empty desk, at the piled blanket beneath me, at everything and nothing at all. My eyes are in a soft focus as I contemplate my situation. I'm in a psychiatric hospital. I will be here for eight days. I will have extensive psychological testing. I will live with strangers. I will hopefully get some help. I have no idea what comes next for me after I leave here.

\* \* \*

The hospital was Dr. Karr's idea. She and I had first started working together five years ago. When she asked me during our first session why I was there, I told her I felt I was at a crossroads in my career, worried that I would never do anything worthwhile with my life. "Is that your main concern?" she had asked me. It wasn't. It was only one fear among many.

"My brain never stops," I said. "I have an internal monologue that is running all the time. I constantly weigh and analyze everything I do and say. I worry something bad will happen to someone I love. I worry my dog, Petunia, will die. I worry about whether or not to have children. I think no, but then, like, what if down the road I regret that? I worry about germs. Sometimes it's hard for me to get on the subway. When I'm near someone who's coughing, I panic."

"That is a lot to worry about all the time," Dr. Karr said. "It sounds very anxiety-inducing and heavy."

"Yes," I said with a loud exhale. "I feel it in my body. I feel dizzy a lot, or my brain feels foggy and out of it. Sometimes I feel like my whole body is tingling."

She asked if I'd ever considered medication, and I told her I'd prefer to exhaust all other options first.

"I was raised in a home where medicine was rarely used," I said. "My parents used homeopathy—natural medicine. I think I can count on one hand the number of times I've taken antibiotics. The idea was that Western medicine weakened your immune system overall."

"Did you go to doctors?" Dr. Karr asked.

"Yes, definitely. But I would have had to have been sick for many days before I was brought to a doctor. Normally things were just... toughed out. I remember getting strep throat a couple of times as a kid and I took antibiotics for that, but only if my sore throat hadn't gone away for three or four days. Same with ear infections."

"Three or four days?" Dr. Karr seemed shocked. "Would you be in pain during those days?"

I laughed. "Oh yeah, tremendous pain. I remember screaming because my ear infections hurt so much."

"Have you ever considered that there is a link between your intense fear of germs and these experiences you had as a child being sick and in a great deal of pain?"

I had not considered this.

"I think this is worth exploring more," Dr. Karr said. "Especially because I would hate to see you not take medication for anxiety, a medication that could change your life drastically for the better, because of a stigma you've picked up from your childhood."

Over the next three years I dismissed the idea of medication every time Dr. Karr brought it up. I gained more insight into the causes of my anxiety, but the anxiety did not decrease. I tried meditating, breathing techniques, exercising; none of it helped.

It was around this time that I was accepted into the Costume Studies graduate program at New York University. I had always been interested in the history of fashion, and of fashioning the body, and —after years of feeling lost professionally—thought perhaps a master’s degree could lead me into a museum career. Going back to school at the age of thirty-three was terrifying. I was not a fast reader and had to analyze hundreds of pages of dense text. After the first two weeks, I had experienced three panic attacks, cried every day, and was ready to drop out.

“I can’t do it!” I sobbed into my hands in Dr. Karr’s office. “I should have never even applied.”

“Anna,” Dr. Karr said, “I promise you will get the hang of it, and you will learn how to do all the things you are afraid you can’t do. This is the first thing I have seen you do for yourself to take control of your own life, to make something that is yours and yours alone. I think it would be a huge mistake for you to give up so quickly. I know you can do this.”

I grabbed the last tissue out of a box next to me.

“This might not be what you want to hear, but I think you should strongly consider medication right now.”

“I want to be able to do it without medication,” I said.

“I’ve listened to you talk for three years. I’ve watched you try every other option. Still you are spiraling. Still you are living your life in a near-constant state of stress. At a certain point you need to decide whether the effects of stress outweigh the potential side effects of medication. As I see it, your anxiety is not merely situational, it is chemical. It has likely always been chemical. You may only see relief by taking medication. What if medication helped you get through graduate school? Would that be worth it to you?”

“It would,” I said.

“My worry is that soon this anxiety will turn into a more serious depression. I see it holding you back in life and I really don’t want that for you. I can put you in touch with a great psychiatrist, and please, just go talk to her. Will you do that?”

“I will,” I said. I had exhausted all other options.

The way antidepressants changed my life so fast was comical. Within two weeks I had a sense of calm I had never experienced. My body stopped vibrating. It was not as if my anxiety completely dissipated, but the cyclical thinking, the inclination to bore into a thought or decision until it subsumed all rationality, stopped. I felt lighter, happier. My only regret was not doing this years earlier.

My first year of grad school was hard, but grad school is supposed to be hard. That’s why not many people do it. I felt confident enough in my new path to defer my second year for a yearlong job in Washington, DC, with a textile conservator. We would be helping to mount an exhibition featuring female fiber artists at the Smithsonian American Art Museum. I felt my life coalescing into a form that made sense, one that gave me pride.

But as soon as I arrived in DC I experienced a severe regression in my mental health. I cut myself for the first time in thirteen years. I confessed this to Dr. Karr, who suggested I enroll in a six-month course of dialectical behavioral therapy, a structured program that taught skills for managing intense

emotion, chronic suicidal thinking, and self-destructive impulses. I didn't cut during the six-month-long program, but as soon as it ended, the cutting started again. This time I did not tell Dr. Karr.

Six months into the job, Covid shut the world down. The museum exhibition was canceled. I returned to New York after lockdown to finish my final year of school, which would be held remotely over Zoom. My dog, Petunia, was suffering through a bout of pneumonia and a flare-up of a degenerative spinal disorder. My marriage was falling apart, and the more I tried to hold on, the faster it seemed to slip away.

I began cutting with more frequency than at any point in my life. I was nauseous all the time and had stopped eating. No one saw how thin I had become because I only saw people from the chest up through a computer screen. I was irritable and quick to get angry or cry. I would sit on my bathroom floor, my body heavy and unmoving, staring for hours at the wall. I thought I was losing my grip on reality. Thoughts of death and wanting to die consumed me. I had the will, a plan, and the means to carry out the plan. Suicidal thinking as an adult felt so much different than it had as a teenager. As a teen, it was about revenge. I wanted people to be sad I was dead. As an adult, I was not worried about anyone else. I just wanted an exit.

"You're sick, Anna," Dr. Karr said to me at the very end of 2020. "You need more help than I can give you. I urge you to get it in a hospital setting."

\* \* \*

An hour of constant rumination passes. The house manager knocks on my door.

"Are you doing okay?"

"Yeah." But I'm not.

"It's six fifteen and everyone is leaving for dinner now. You'll take the bus with the other girls up to Main."

I throw on my boots and jacket and descend the stairs to meet the four other women in the house.

Caitlyn is tall, but her face looks very young. It is one of those visual incongruencies, whereby I am reminded how height is often inadvertently associated with age. People have always thought I am younger simply because I'm short. From the back I would likely guess Caitlyn to be in her mid-twenties, but straight on, I can tell she is barely an adult. She asks how old I am.

"Thirty-five."

"Oh wow, you look younger than that." A wide smile reveals dimples that make her look even younger. Her long glossy brown hair hangs past her shoulders in a plain blunt haircut that tells me she still sees her mom's hairstylist. Another marker of youth.

"I was like, she's either eighteen or thirty-five," says a short woman with thick black plastic-framed glasses. She has not yet put on her jacket, and I can see her arms are covered with tattoos. "I'm Kristin."

Saying thank-you to either of them feels weird, because these seem like neutral comments rather than compliments. So I just laugh nervously and say, "Oh yeah, thirty-five. How old are you guys?"

"She's eighteen. A baby!" Kristin says, pointing at Caitlyn. "I'm twenty-nine, and that's Mary; she's twenty-three."

Mary has dyed blond hair that has been pulled into a messy bun. I can tell she has been here for a few weeks by the ash-blond roots about a half-inch from her scalp. Her eyes are a little droopy and her

speech is a tick slower than normal, like the friends I've had who take lithium for bipolar disorder. "You'll get used to things pretty quick," Mary says. "Don't be too nervous. Everyone who works here is so nice, if you have questions, don't be afraid to ask!" Mary is smiley, warm, and she immediately makes me feel more at ease. I bet she is the type of person who asks people how they are doing and genuinely wants to know the answer. "It's just been the four of us for the past couple days, so it's nice to have another girl here!"

The fourth girl appears at the top of the stairs. She does not smile at me. She is wearing sweatpants and an oversized parka with a fur-lined collar. "Hey," she says with a quick tip of her chin upward in my direction. "I'm Shawn." She gives nothing else. "What's up?" she says to the other women. Unlike Mary, Shawn does not genuinely want to know the answer, it's just her version of hello.

"This is Anna," Kristin says to Shawn. "She's thirty-five."

"Got it. Hi," Shawn says, making eye contact with me only for a second.

"How old are you?" I say. I feel stupid, like I've forgotten how to converse. Why are we all just telling one another our ages?

"Twenty-seven."

I like Shawn immediately. I am also a little afraid of her.

"You're here for the thirty-day rehab program?" Kristin asks me.

"No, I'm actually here for the weeklong evaluation program."

"So you're not here for addiction?" Kristin speaks rapidly, squints her eyes, and then looks at the other girls.

"I'm not." The girls exchange glances.

"Why aren't you in Forest House? That's for dual-diagnosis, non-addiction. Dalby is dual-diagnosis, addiction." Kristin's voice has a sharpness to it.

"I wanted to be in a living situation without men."

They nod.

Main, where the dining hall is, is only a five-minute walk from Dalby, but since it is below thirty degrees, we take a sixty-second ride on the hospital bus to dinner. On the way we pass a large white house that looks newer and nicer than the other buildings on campus. Inside, people are sitting on plush couches. A large-screen TV is on, and I can see someone cooking in what appears to be a very nice kitchen.

"That's Carlyle. The fancy house," Mary says, noticing me noticing the house.

"Rich people and celebrities go there and pretend they're getting help," Kristin says.

I laugh at this.

"They don't have to give up their phones. They get to use their laptops. They don't do groups with any of us," she says.

Mary looks at me with wide eyes. "They have a *private chef*."

"Oh, that seems like a good way to do rehab," I say.

Kristin scoffs in agreement at my sarcasm. I look at Shawn, sitting one row diagonally ahead of me. She is looking out the window, her face expressionless.

"Dinner is grab-and-go," Mary says. "We load up our food in a to-go container, get back on the bus, and eat dinner at Dalby."

“Is that what we do every night?”

“No, the houses switch off who eats in the dining room and who does grab-and-go. Some nights we’ll eat in the dining room. It’s because of Covid, so this way if someone has it, it’s less likely to spread around the houses.”

All the patients are tested for Covid before they enter the hospital, and I was told by both the check-in team and the house manager that thus far there hasn’t been a widespread outbreak. The staff tests every day, and some of them even have one dose of the vaccine already. Still, my particular brand of anxiety is laced with germaphobia. I do not feel safe.

“I noticed no one wears masks here,” I say.

“We’re basically in a bubble,” Caitlyn says.

On our way into the dining hall, we pass a group of seven or eight men leaving with to-go containers in their hands—Oscar House residents.

“We’ve got a new one!” Caitlyn says, pointing to me. “This is Anna.”

They all look at me for too long. I mouth a silent “Hi” and avert my eyes, never breaking my stride into the large white building.

The dining room is small, just six tables. There is a salad station, soup, and a hot bar behind glass where we tell the cooks what we want and they load up our containers.

“Hi, Marty!” Mary says to one of the cooks. “Happy New Year! Did you have a nice day off yesterday?”

“Ma-RY! I did, thanks for asking.”

The food looks homemade and not at all gross. I get salmon, rice with spices in it, and sautéed green beans. I walk over to a small dessert setup and survey my options.

“Oh my god, they have the gluten-free chocolate chip cookies again,” Kristin says. Turning to me she adds, “These are actually the best desserts. I’m not even gluten-free.”

“Facts,” Shawn says. She reaches between us, grabs a cookie, and walks away.

I grab a cookie too.

As we leave the dining room, we pass four other patients coming in for grab-and-go.

“Hi, Jan!” Mary says to an older woman. “How was dinner? I miss seeing you every day!”

“Hi, Mary! It was good, thank you. I miss you too. You have a good night, now.”

“Thanks, you too, Jan. You guys all have a good night!” Mary says.

As we hop back on the bus, Mary turns to me and says, “That was Forest House. Jan and I went through Main together. She’s sweet.”

The five of us eat dinner in the living room while watching a terrible Amazon Prime show called *Goliath*. This is my first meal of the day.

“Where do you live?” Mary asks me.

“I live in New York City,” I say, but then correct myself. “I *did* live in New York City. I just moved back to Connecticut, close to where I grew up. I’ll probably move back to New York soon though. I guess I’m not sure where I live right now.”

“Oh coooool, I wanna live in New York City.” Caitlyn looks at me, smiling, dimples fully displayed.

“What do you do?” Kristin asks. “For work.”

“I’m an artist. And I’m in graduate school for fashion and textile history,” I say, prepared to explain this specific field, as I find myself doing whenever I mention my grad program, but no one asks for follow-up.

Shawn addresses me directly for the first time. “You’re an artist? That’s what I want to do. So, you make *all* the money you need as an artist?”

“Yeah.” I sit quietly for a few seconds before deciding to tell the truth. Who am I trying to fool? “Actually, I’m very dependent on my husband’s income.”

They all nod and turn their attention back to *Goliath*, but I want to keep the conversation going with Shawn.

“What do you do?” I say to her.

“I work freelance graphic design. But I want to work in music. Making music. Like, making beats other people can use and shit.”

“That’s cool,” I say, trying to sound laid-back.

“I’m planning to take the LSAT when I get out of here. I really want to go to law school,” Mary says.

“You seem like you’d make a good lawyer,” I say with no elaboration. I don’t know her; how do I know she’d make a good lawyer? I just want to say something nice.

“Do you know what you want to go to college for?” I say to Caitlyn.

“Literally no idea,” she says, laughing.

“It honestly doesn’t matter,” I say. “Chances are whatever you go to school for you won’t ever end up using.”

Caitlyn nods, and I immediately regret giving such nihilistic advice to an eighteen-year-old.

The house manager calls us into a “wrap-up meeting.” Here, we review our day and assess whether we have met the goals we made for ourselves during the morning meeting. The house manager hands me a printout with a script to read from.

“Hello,” I say. “My name is Anna.”

Everyone responds, “Hi, Anna.”

Looking at the printout, I continue, “How many days have you been clean?” I look at the house manager and say, “This one doesn’t apply to me. What should I say?”

“You can just say ‘This doesn’t apply to me’ and move forward.”

“Got it. This doesn’t apply to me. ‘How are you feeling at this moment?’” I pause and try to identify my emotions from a laminated card with a rainbow wheel of “feeling” words. “At the moment I feel anxious. ‘Did you complete your goals for the day?’” I look to the house manager again and say, “I wasn’t here this morning, so I didn’t make goals.”

She nods.

“Actually, I guess I could say my goal was to check in, which I certainly accomplished.” I gesture around the room, thinking I’m making a joke, but no one laughs. “What was the best part of your day? I’m not sure I would say there was a best part today.”

“Thanks, Anna,” the house manager says. “Now you can pass the printout and the feelings card to Caitlyn.”



After the meeting we go back to watching TV.

“Oh shit! He shouldn’t have told her that,” Shawn says.

“But do you think the guy will find out she’s lying?” Mary says.

“Which guy?” Caitlyn says.

“You know, the other guy.”

“Oh yeah, *that* guy.”

“Oh shit, he might!” Shawn laughs, throwing her head back.

“I can’t believe she did that!” Caitlyn says, pulling her knees up to her chest and covering her face with her arms.

The girls have been watching *Goliath* from season one. They are now on season three. They know what is happening and who “the other guy” is without needing to say names. I’m lost and I do not remotely know what is going on. All I can tell is that it’s about a law firm and Billy Bob Thornton is the star.

In the hospital, what you watch has to be mutually agreed upon by everyone in the room. The policy is not to watch anything that might be triggering or otherwise upsetting to any of our fellow patients. There are certain things we are not supposed to watch without consent from everyone, like the news, and other things that we are flat-out not allowed to watch, like HBO’s *Euphoria*. Disgraced lawyers played by known weirdo middle-aged actors, yes; teens with sparkly eyeliner who take Molly, no.

Since I cannot participate, I just sit there quietly, eyes never leaving the screen. I am becoming increasingly anxious the other girls might not like me because I am quiet. This has been a theme my whole life. I have been antisocial since puberty, preferring to watch others rather than participate. Or, even better, to get lost in my own thoughts and imagination, crafting made-up scenarios and arguments of which I am both the director and the only audience member. I have been trying to ask questions, but I feel like it is not enough. I create a scenario in my head where they interpret my lack of participation for bitchiness.

Sitting alone on one of the couches, Kristin has become increasingly more irritated, but it is unclear by what or who. She is exhaling deeply and audibly. She’s fussing with her glasses repeatedly and scratching at her tattooed arms.

“I need to talk to the house manager or I’m going to explode,” she says, getting up from the couch and pacing around the living room before returning to the couch. On the fourth repeat of this, Mary gets up and intercepts her near the front door. I watch them speak to each other in hushed tones, their bodies only inches apart. Then, Kristin knocks on the door of the house manager’s office and goes in. I’m suddenly struck with panic that I have done something to make Kristin upset, but I cannot imagine what that could be. Perhaps just my presence. I get up off the couch and linger in the kitchen, pretending to make tea. I watch Kristin in my periphery as she speaks to the manager with exasperated gestures behind the glass walls of the office. Could merely being quiet make someone want to explode? I hate myself for not being more outgoing. I decide *that* will be my goal for the morning meeting, to be more outgoing.

Kristin leaves the office and blows past me, exhaling sharply.

“Do you want to do vitals?” the house manager says to me.

“What?” I regret how harshly the word exits my mouth.

“Vitals. You have to do them every morning and night. The house manager on duty, me tonight, will take your temperature, your blood oxygen, and your blood pressure. And give you your meds if you take any at night. Do you take any at night?”

I walk into the office and sit in a chair as she attaches an oxygen reader to my right pointer finger.

“I guess I’ll take half a Klonopin. Also, how do I get my contact solution?”

“Oh.” She rifles through a plastic bin and hands me my contact solution. “You can keep that in your room, actually. Since you’re not here for addiction, you’re allowed to keep all your toiletries in your room.”

“Cool. Yeah, I’m not gonna drink my vitamin C face serum. Too expensive.”

She removes the oxygen reader and wraps the blood pressure device around my upper arm, activating the pump with her hand. “Damn, ninety over sixty, you’re going to live forever.”

“Unfortunately, that’s what they tell me.”

## Two

I cut myself for the first time at age fourteen. I showed Amanda two cuts as we sat in the minivan she had driven me home from school in. Looseleaf papers of half-finished homework assignments lined the floor by my feet. Amanda was a terrible student, but her teachers always passed her because she was so likeable.

“That looks bad,” she said, looking at my wrist.

“I know. But it feels good,” I said.

“I don’t like to think of you doing that to yourself.”

I didn’t say anything.

“Do your parents know?”

“No. And I don’t want them to. Please don’t tell anyone.”

“Fine, but you should stop.”

“I probably will. Sometime.”

Amanda was a junior in my high school when we met my freshman year, though I remembered her from middle school. She was outgoing, popular, and unpredictable. At a dance in our middle school gym, I remember her casually walking up to unsuspecting students and spastically dancing in front of them, while her equally popular friends looked on and laughed. Having eighth graders laugh at me was an embarrassment I knew my ego couldn’t take, so I kept my distance from her.

I had already struggled socially in elementary and middle school, and was often ridiculed over my clothes, most of which were originally my mom’s. My mom was an expert seamstress. She sewed all her own clothes while in high school, and the myth goes that she never wore the same outfit twice during a school year. In the late 1960s, she received a full scholarship to the Fashion Institute of Technology in New York City. Her father, a man formed by the economic values of the Great Depression and conservative ideas on women’s ambition, wouldn’t let her go. It was instead decided for her that she should be a teacher, and she remained in rural Pennsylvania, attending a local college for a teaching degree in art education. My mom saved most of the clothes she made for herself and bequeathed them to me when I was finally big enough to fit into them.

In contrast to the American Eagle, Gap, or Abercrombie my classmates wore, in my mom’s clothes, my personal style read as flamboyant and dramatic, looking like a *Rumours*-era Stevie Nicks crossed with Fairuza Balk in *The Craft*—black dresses, dark brown lipstick, and pentacle chokers around my neck. “Please don’t put a voodoo curse on me,” wrote a male classmate next to my eighth grade yearbook photo. But I did not want to be ordinary or fit in. I wanted to be exceptional, special. I leaned into how different I appeared, knowingly instigating my own ostracism. If I could not be accepted, fuck it, I wanted to be hated.

Amanda was not deterred by how I looked. She was intrigued. It made her want to know me. A few weeks into my freshman year she messaged me on AIM.

PunkyBoobster: yo, you made me late for class

TNT1999: what?

PunkyBoobster: is this Anna?

TNT1999: yea...

PunkyBoobster: this is Amanda, i'm a junior. you made me late for class.

TNT1999: i know who you are. i was home sick today.

PunkyBoobster: exactly

TNT1999: ??

PunkyBoobster: you pass me in the hallway every day between 5th and 6th period. i usually hang in the hall with people because who wants to go to world history? mrs. garvey is nutty. when i see you pass me, i know it's time for me to go into the classroom. but you didn't pass me, so i didn't get into the classroom before the bell rang and now i have a detention.

TNT1999: i'm sorry? but i don't really think i can apologize for that. seems like your fault.

PunkyBoobster: so true

TNT1999: i also have mrs. garvey this year. she is totally nuts.

PunkyBoobster: wanna hang out?

TNT1999: sure

Amanda and I became so inseparable that people at school thought we were dating. We spent every Friday and Saturday night together, either at her house or mine or going to local punk shows. She would rent R-rated movies for us that my parents would not let me see, like Harmony Korine's *Kids* and Todd Solondz's *Welcome to the Dollhouse*. Often we would sit on the floor of her bedroom threading thin cords of elastic with round, neon rave beads and various styles of letter beads, while in the background a TV played reruns of *Blind Date*, a dating game show hosted by a man with hair dyed too dark named Roger Lodge. We made bracelets with our favorite bands' names, each other's names, and inside jokes. FLAT IS BEAUTIFUL read one of Amanda's, a reference to a T-shirt she had picked up at Goodwill that had the same slogan printed across the front. The shirt was advertising a local landscaping company, but we never got over how funny it looked on Amanda, stretched across her large chest. We did not anticipate how many older men would comment on the shirt. She eventually stopped wearing it. The bracelet could remain a joke just for us.

The bracelets had the added bonus of hiding my cutting. Committing to long sleeves would have interfered with my personal style, an absolute non-option, but moreover, it would have been unbearable during humid New England summers. I simply refused to be uncomfortable in that way. Instead, I would be uncomfortable with stacks of cheap plastic Mardi Gras beads pressing into fresh cuts and tender scars. It made perfect sense to me.

\* \* \*

I am not sure how I landed on cutting or where I first encountered it in society or pop culture as a coping mechanism, but I am certain I would have found my way to injurious behavior eventually. I danced seriously from age seven, at a prestigious preprofessional ballet school that funneled its students into the best dance companies in the world. Dance was my first love. It was my outlet, the place where I felt my true self expand. It taught me discipline; to show up even when I might have not