

## Sitting at 90 Degrees

I am sitting at a 90 degree angle to my patient's mother, who is tiny, fearful, and seems swallowed by her purple sweater and the fluorescent lights. She is looking at me tearfully and speaking in a soft, careful manner. That she loves her son and is beside herself with concern for him is obvious. It is also clear that she is exhausted and worn thin by competing demands. She explains quietly that she is a college student in finals and also employed. She elides what she thinks might not interest me. "His stepfather and I have a rocky relationship. They don't always get along either." *Is that important for you to know*, her gaze seems to ask me.

I am impressed for a moment that she has chosen such a concise and self-contained way to refer to a situation that, one assumes, dominates much of her life. She has alluded to it now, and the next move is mine. I can pursue it, or, if I deem it not relevant, I can leave it while sparing her the pain of being cut off or dismissed while sharing herself. I respect her brilliance in this matter, however unintentional it may be.

I do not pursue it right away. Other things I need to know, emergent things, befitting the psychiatric emergency department. What happened today; how long; ever before? Drug use (yes); family history (not really). We are sitting at 90 degrees to each other, can make eye contact if we choose, or break it easily without seeming rude. She looks down often. Her hands disappear into her purple sleeves, and the sleeves wipe her eyes. She seems to be getting even smaller.

I am sad for her. Perhaps that is why, at midnight-thirty with a full board of patients, I ask my patient's mother: "Earlier you alluded to a rocky relationship at home. Could you tell me more?"

This is how I come to learn, from her soft, careful story, of how she and her two teenage sons moved two hours away from their friends and family into a relationship with a man who did not, in the end, make her life as a single mother much easier. How his insults and rage drove her elder son from the house, and how she and her younger son (my patient) spent the summer in a women's shelter to avoid him. How she decided to move them back in the early fall, after spending sleepless nights pacing, smoking outside the doors, weighing the likely impact of emotional abuse against that of shelter life on her son's final year of high school. And how, following that, he seemed to withdraw. Lose interest, stay out more. Use more marijuana. Fail more tests. This latest trouble – mutterings about being God, being a king, laughing at nothing – represents the loss of her last child. It is her punishment for a lifetime of poor decisions, ultimately her fault. Taking the blame for this seems natural to her, as if she knows only how to be pushed down. "Of course I blame myself", she says. "Of course."

I see her, sitting at 90 degrees to me, and I hear her story about her son's illness. It is perpendicular to my story about my patient's illness. I know what I will relay to my staff (psychosis; likely substance induced; possible mood component; multiple social stressors). I know how I see it (dopamine, serotonin, circadian rhythms all out of whack; stay away from marijuana and you'll probably be fine in time; meds and sleep will help; I see this at least once a night.) I can see a worst-case scenario – lifetime of illness, scary diagnoses, cocktails of meds, a life interrupted – but I know that there is reason to hope

for better. And finally I know that, yes, his home chaos and upheaval are big events, have contributed to bringing him here tonight. Exacerbated. On that point, our stories touch.

Now we are sitting at 90 degrees to each other, but from here on we will get up and move along our own paths. I will go down the hall; to his room, to encourage him soothingly to take medication for his restlessness and confusion, and to relay my story to my superiors. And she will go across and out of the department, leaving her baby with me in a psychiatric ward, and go home alone. As I admit him to a hospital bed with a provisional diagnosis, a treatment plan, and a set of goals for the stay, she will trace back over her choices, trying to pick the one failure out of a series of failures that led to this moment.

“You can’t know,” I tell her. “These things are complex, and you have done your best. Try not to blame yourself.”

She stands up, and I am surprised that we are the same height. She looks at me and thanks me, but I can see we have moved past each other. While her story has left an imprint on me, I am not sure how much of an imprint mine has left on her.

She leaves her sick and broken child, finally, with strangers who can take better care of him than she can. And I take his orders to the nursing station with a plan to get him well and home again, statistically speaking in one to two weeks.