

*I ain't got no home, ain't got no shoes
Ain't got no money, ain't got no class
Ain't got no skirts, ain't got no sweater
Ain't got no perfume, ain't got no bed
Ain't got no man
Ain't got no mother, ain't got no culture
Ain't got no friends, ain't got no schoolin'
Ain't got no love, ain't got no name
Ain't got no ticket, ain't got no token
Ain't got no god*

*Hey, what have I got?
Why am I alive, anyway?
Yeah, what have I got
Nobody can take away?*

*Got my hair, got my head
Got my brains, got my ears
Got my eyes, got my nose
Got my mouth, I got my smile
I got my tongue, got my chin
Got my neck, got my boobies
Got my heart, got my soul
Got my back, I got my sex
I got my arms, got my hands
Got my fingers, got my legs
Got my feet, got my toes
Got my liver, got my blood*

*I've got life, I've got my freedom
I've got life
I've got life
And I'm going to keep it
I've got life*

Disclaimer: The characters in the below story are composite fictional characters. All identifying characteristics of the various individuals who inspired these characters have been modified to ensure patient confidentiality.

The first time I heard the song “I got life” by Nina Simone, the American singer, pianist, songwriter and civil rights activist, I was living abroad for the first time, feeling alone and a little lost, as everyone seems to find themselves in the tumultuous era between childhood and adulthood known as our twenties. Yet, I do have a home, friends, and schooling. What was it about this song that spoke to me, who has all the privileges that the singer describes lacking, in such a visceral way? I wouldn’t find myself

reflecting on this again until a few years later, when I began to work in an inpatient psychiatry unit, during my third year of medical school.

“I’m looking forward to seeing the sights,” John, a sinewy 58 year old man, who looked far older than 58 said.

“I see the same sights everyday here.” Not only did John look older than 58, with his blackened teeth, stooped posture and disheveled white beard, but he himself thought he was older. John had schizophrenia, which, prior to being treated with a hearty dose of Clozapine, an atypical antipsychotic, debilitated him. He would not bathe, clean or leave his bed for months on end.

John had a daughter named Sylvia. A hardened woman with a strong will and a permanently furrowed brow. She was one of few family members who would visit the unit. She came rarely. Sylvia had been raised in North End Winnipeg, mainly by her mother, who would arrange for her to see her father occasionally. After her mother had died, when Sylvia had a career and children of her own, she had brought John to Toronto with her. With help from their family doctor, an ardent letter writer, she had pushed to get him access to affordable housing. He had lived with her for a time, but this had been too difficult. She had brought him into the hospital this time, noticing that he was talking about his neighbours conspiring to kill him. Since being hospitalized, he spoke about this less. When I asked him about it, he told me he still believed that this was true, but he didn’t think there was anything he could do about it. I was fascinated by the internal logic of his world. That he could believe that he had a target on his back and continue to sit in peaceful apathy. He didn’t believe he needed to be hospitalized, and would have left, had it been up to him. He never talked about this, unless asked directly.

“You had a pass to go home this Sunday.” I said to John. “How was that?” Sylvia had come to pick him up.

“I liked sitting and seeing the sun.” I thought I heard him mumble. “Oh ya? Did you sit outside and enjoy the sun?” I asked. I would always ask John clarifying questions like this, because he mumbled so much it was impossible for me to understand more than 30% of what he said, leaning forward as much as I felt comfortable to try to make out his garbled speech.

“I wore shorts and rolled my shirt up and enjoyed the sun.”

At least, this is what I think he said.

Over my 2 weeks getting to know John on the inpatient psychiatry unit, I began to understand that, though he rarely smiled or laughed, at least not in my presence, and he moved slowly through the world, like time was passing underwater, he seemed to find a lot of simple pleasures in life.

He would often ask me to bring him an Orange Fanta with ice, after speaking with me. He had his own bottles on the unit, which were kept in the staff room, under lock and key. He would request to sit outside, on the unit’s veranda, which was blocked in with floor to ceiling guardrails.

My time with John and other patients on the inpatient psychiatry ward, brought up the memory of this song. This experience made me think of how, even when ravaged by the most challenging circumstances, be they injustice, or debilitating mental illness, there’s still this fundamental beauty of having life and being alive to enjoy the sun and the simple things in life.

I tried to always give space for those small pleasures and to foster freedom wherever I could. By getting John his Fanta with ice. By sitting outside with him. And by getting him out of a secure hospital unit as soon as possible. By treating him so he can get out of bed and engage with life.

It probably comes through in this writing that I felt a lot of affection for John by the time he was discharged. I was sad to see him go and never wanted to see him come back, which is probably exactly how you want to feel about a patient being discharged from your service. I felt hopeful that, with lots of help at his new supportive housing unit, he would be able to live out a nice life. A life inevitably filled with challenges and likely deep fears stemming from his paranoid delusions, but also full of the little joys that come from sugar, the freedom to have a cold bubbly Orange Fanta whenever you want, and a restful nap in the sun.

Isaac was different. If all the nursing notes described John as “pleasant” and “cooperative” in their Mental Status Exams, the standard tool of psychiatry, wherein someone's mood, affect, speech rate, rhythm and prosody are described, Isaac was “guarded” and “irritable”. John had Sylvia, Isaac had no one. Isaac, like John, had schizophrenia. He was in his 40s, brought to Canada by his parents from Ukraine in the 90s, after the dissolution of the U.S.S.R. He had a square build, blackened teeth, bright green eyes and brown curls which fell to his shoulders but thinned near the top of his head. In the weeks leading up to his first involuntary admission to hospital, he had believed his organs to be melting from exposure to radioactive salts. He had been cutting himself in the hope that bleeding would remove the toxins. He was eventually admitted to the hospital, against his will, with a gangrenous infection in his arm, near septic shock.

This time, he had been admitted to my unit because his schizophrenia had caused him to allow his subsidized apartment, where he had been placed following his last admission, to fall into disarray. According to the note from the social worker who visited, there were cracked eggs in drawers, cockroaches, and droppings from vermin everywhere. He needed to stay in the hospital until we found a place that was livable. He was admitted against his will on the grounds that he risked serious harm to life and limb, due to his illness. This admission, the psychiatrist arranged for him to be placed in a new supportive housing unit. The housing unit agreed to take him, on the condition that the psychiatrist issue a community treatment order, meaning he would have to take his antipsychotic medications as a monthly injection, or be apprehended by the police.

He was vehemently opposed to this, stating to his psychiatrist and me that he just wanted his “fucking freedom”. In his eyes, he was being kept prisoner and being forced to take medication against his will. He was oppressed and imprisoned. In actuality, he *was* being forced to take medication against his will. Shortly before speaking with him that day, he had been sitting next to a window in the dining area, staring calmly out at the bright blue sky through one of the unit’s many large polycarbonate windows.

I was bothered by how upset Isaac was in this interaction. Beyond that, I was bothered by seeing people placed in restraints, showing up agitated in the emergency room. I was disturbed by their screaming “Let me go”, which inevitably transformed into unintelligible screaming and yelling as the patient was left alone to calm down.

What does freedom mean in a secure psychiatric ward? What does “freedom” look like for someone like Isaac? How can Nina Simone’s song help me understand?

If freedom is just freedom from control then for someone like Isaac, freedom would mean dying in the street. Freedom would mean living in filth and pestilence. Freedom for John would mean not leaving his bed, even to shower, for months. Freedom for John meant languishing.

But still, it felt strange to deny Isaac his autonomy and force him to take medication. I hope that in doing so though, Isaac is able to live in the community and find moments of freedom in roaming the streets and not being forced into hospital by his illness and, frankly, by the effect his illness has on others. If not freedom, then maybe something like it. Maybe the “life” Nina Simone sang about so soulfully, more than 50 years ago.

After my shifts would end at the hospital, I would walk home down Yonge St, a major street in Toronto, lined with bars, bright lights and businesses. On my walks, I would see the same degree of illness I’d seen at work on every street corner. I would see men unclothed, throwing voices at the wind, ignored by hurried passersby. Many of the people I was seeing were free in the sense that Isaac and John weren’t, and yet seemed to be suffering nevertheless.

I think in writing, there’s a desire to have everything wrapped up neatly and sweetly. I don’t think it’s so easy in this case. People need help and people don’t want help. Freedom needs to be balanced against beneficence. I think where I land, and what I learned, is that some freedom needs to be lost sometimes, but those little joys, of having a heart, a back, eyes to see the sun in the sky, need to be held on to and remembered, especially in the secure psychiatry unit. I was glad that the unit had such big windows for the sun to shine through.