Contents

Blackjack

My first clinical experience was working in a state psychiatric hospital with a group of individuals who were diagnosed with schizophrenia. I was a new, inexperienced therapist. I had no idea what I was supposed to be doing. On the afternoon of our first group meeting, I came to the waiting area and figured a welcome to the new patients would be a good start. When in doubt, be polite! I never even finished the first sentence of my greeting. As soon as I opened my mouth, all the patients stood up in unison and walked away from me toward the meeting room. I was surprised. I ran to the front of the parade and led them to the end of the hallway. No one looked at me or said anything. They shuffled, single file, into the room we had been assigned and plopped themselves down around a circular table. The space was small and cramped. We were so close together that the body odor of some people whiffed through the room.

I hoped it might be easier to get everyone's attention now that we were sitting. The group was made up of four men and two women, and I started by asking them to introduce themselves. Immediately, each person started talking over the next, but they weren't introducing themselves. Three of the men were talking to voices they heard in their

heads. An elderly woman was explaining to the others, who were not listening, that the television was sending rays into her head, and another woman stared at the ceiling, waving at no one, at least no one I could see. The only one who remained silent was the fourth man in the group; he just stared at the table.

The fundamental goal of the group was to help the members learn everyday skills such as greetings and light conversation. After years in the hospital interacting only with staff, their social skills had deteriorated. Most wandered the grounds alone, only socializing when they wanted a cigarette. Smoking was still permitted on hospital grounds at that point, and the patients would come up close to strangers, violate their personal space, and ask for cigarettes. Whether they received one or not, the patients would usually end the conversation with a grunt and walk away.

I had been a clinician for all of two months at this point, and I thought my task was straightforward: have the group members interact and learn the cadence of conversation. I planned to model how to engage in an ongoing conversation by simply talking with them and encouraging them to talk amongst themselves.

To this end, we met weekly—rain, snow, hail, or blazing summer heat. On rainy days, I could hear group members walking down the hallway by the squishing of the water in the soles of their shoes. When I suggested they take them off and place them on the radiator to dry, no one ever responded. Each meeting was the same: the group members walked in, sat in their usual seats, and stared at each other.

The silent patient never even smiled or indicated that he heard anything that was said. When I asked my supervisor about him, she told me that he had been silent since

she met him six years ago. It was her idea to try and engage the group in activities.

The next session, I brought in the game Monopoly, still freshly sealed in its wrapper. I thought Monopoly was a good idea. The ability to use money was a skill the group would need if they re-entered the world, and at least it would urge a sentence or two.

"The goal is to try to become the wealthiest person by buying, renting, and selling property on the board," I told the group. "Each of you gets $1500 to start."

I asked one of the women to open the game, and then I passed the money out to each person. The silent patient didn't reach out to take his, so I placed it on the table in front of him.

"Does everyone understand the instructions?"

Everyone but the silent patient nodded. I took out the dice and asked each person to throw them consecutively to determine the order of their turns. I asked someone else in the group to keep a list of the numbers each person tossed.

"I'll be the banker," one of the men piped up. I was feeling pretty pleased with myself; someone had responded.

"Let's go," I said.

One of the women, who was wearing three layers of clothing presumably to protect her from the cold, threw the dice toward the ceiling and they scattered across the floor. I asked her to throw the dice once more, but this time across the table. She did so with such force they went flying into the people seated across from her. What a beginning! For the next six weeks, I attempted to teach the group to play the game to no avail. At most, they finally figured out how to throw the dice onto the table. Frustrated, I tried to think of something simpler.

I thought Pick-up sticks was a clever idea so I brought them in one afternoon. I slowly explained the guidelines.

I felt like my words were molasses. "The dealer holds the bundle of sticks loosely, then releases them on the tabletop. One by one, each player must remove a stick from the pile without disturbing the remaining sticks. If a stick moves, the player's turn ends and the next person tries. Any player who successfully picks up a stick can take another turn and keep removing sticks until one moves and then their turn is lost. The winner is the player who, at the end of the game, has the most sticks."

The game started out well, and the patients seemed to enjoy themselves. They seemed to be paying less attention to their inner stimuli and more to each other. They weren't looking around the room as much, and they even made eye contact. I was ecstatic. We played without incident for several weeks although the silent man sat staring at the table and didn't participate, even with enthusiastic requests for him to join the group.

Meanwhile, the group's therapy advanced with glacial speed. Amid the games, six months into our meetings, I couldn't detect any improvement in the group members' interpersonal skills. Everyone periodically continued to talk to himself, herself, or the air, and the silent patient still hadn't uttered a peep. "Change happens in small increments," my supervisor said when I turned to her for advice. I was so disenchanted; maybe the thing to do was for all of us to stare at the ceiling together. What was the point?

I tried to comfort myself with the reminder of the new and exciting clinical experience I was getting. This, however, had little impact.

Each group meeting lasted an hour-and-a-half, and since the games ended quickly, we often played six games or more. One afternoon, a loud argument broke out among three members about whether someone had moved a stick

during their turn or not. The argument became a screaming match as the session was about to end.

"We'll talk this over and figure out how to solve the problem at the beginning of group next week," I said. "Maybe over the week people can think about what might be a fair compromise to each person." My efforts had bombed, and I so desperately wanted to succeed.

I was frustrated with the results for both Monopoly and Pick-up Sticks. Leaving on a Thursday evening, I traveled to Las Vegas for a weekend, and my struggles with the group flew out of my consciousness. Each day while in Vegas I took $20 to the casinos and, without fail, lost the money on the slot machines. On my last day, I decided to change things up, and I took a $100 bill to the Blackjack table. The croupier smiled and invited me to sit down. It felt like a group activity. I laughed and talked with the other participants, each of us trying to help the others to beat the house. I had fun with the rowdy group, and even more fun when I won $300.

At our next group meeting, I brought in four decks of cards and a Las Vegas style deck holder. I wore a bright green hat, laid a sheet over the table, and then asked everyone to sit across from me. I gave each person 25 pennies, explained the rules, and started dealing the cards.

The group immediately figured out how to play. I added up the cards for each person, then they decided if they wanted another hit. Since math isn't my strong point, there was always a delay while I added up the cards for each person. To my amazement, while I was counting, members started talking to each other, asking whether they should or shouldn't take a hit. They split aces and eights. They doubled down on some cards. I was amazed. Even the silent patient began to play.

As the months passed, I got quicker at adding the cards without errors. Whenever our group met, I asked what game they wanted to play. The answer was always a resounding, "Blackjack!"

Occasionally, however, my addition was still wrong. One day, when I dealt a hand to the silent patient, I inadvertently added up the numbers incorrectly. That day, he stood up, looked at me, and said, "You gave me the wrong total. Are you cheating or was it an honest mistake?"

I was dumbfounded. From that time forward, he spoke in every group. He asked to be the croupier and I handed over my hat. He dealt the cards with lightning speed and added them up for the other members. Whenever anyone had difficultly choosing what to do, he slowly and clearly explained the pros and cons of each choice and then softly added, "Hope that helps. Go ahead and choose."

I was so happy. My dog-mindedness and desire to help had paid off.

Group therapy is meant to allow people to develop bonds with each other in ways that they can't in one-on-one therapy. I believe that the silent man's breakthrough and subsequent activity in the group spoke to his developing a willingness to reach out and participate with those around him when a game was fun. Maybe, after all that time, he felt comfortable.

The group continued on for all the years I remained at the hospital, and I was certain the experience made their bleak lives better. To be honest though, I still have no idea why exactly the group became moderately successful, but I felt hopeful. On the other hand, I was saddened by the realization that something so small could make such a monumental difference.

Not Guilty by Reason of Insanity

I stepped off the elevator onto the fourth floor of the massive stone courthouse in Central Massachusetts. The click of my heels resonated in a cacophony of taps on the marble floor of the crowded hall. People leaned over the railings, watching those entering and exiting the building. Some screamed down to those on the first floor who were looking for them. On the fourth floor, conversations were hushed, with defendants whispering to their attorneys. White marble benches jammed with people, lined the walls. Dark wood courtroom doors stretched to meet the cathedral ceiling, each with an ornate bronze handle.

In the courtroom, horizontal ivory stripes lined the plush cranberry colored carpeting. Crossing the threshold felt like stepping from solid ground onto a cloud. A dense and palpable silence filled the room. On each side of the room, most of the benches were filled with people whose cases were waiting to be called, but there were no whispers here.

The defendants represented a cross-section of the community. I was struck by how many young men wore sagging jeans with their underwear in full view of the court. I listened to their stories.

"How much time do you need?" the judge repeatedly asked. "How much can you pay on your fines?"

"I can't find work, Your Honor. I'll need three months."

Over the course of my three years working there, each story sounded the same, like a revolving door; no work, crime, no work, crime. Poverty permeated the air. I never grew accustomed to passing pregnant teenagers in the halls as they pushed strollers, ignoring their crying babies and engrossed in their cell phones.

At the back of the courtroom, I could see Jay's mother. She had been raised in the Philippines, and from where I stood at the front of the courtroom; I could see the strikingly black color of her wide, unblinking eyes. She kept her small hands folded in her lap, crossing and uncrossing them nervously.

I first met Jay Saluda in the locked forensic psychiatric unit where I worked. He had allegedly rubbed his penis and groped two women while on public transportation. When police officers tried to take him into custody, he punched one of the officers, adding a charge of assault and battery on a police officer to the original two counts of indecent assault and battery. After he was finally subdued, the attorney assigned to represent him visited his cell. Jay wouldn't talk to her. He rocked and moaned as he sat on the toilet at the back of the cell. His attorney requested a competence to stand trial evaluation, and the presiding judge sent Jay to the hospital.

When Jay arrived at the hospital, he was alternately muttering, yelling at himself and slapping himself. Homeless and stinking, Jay wore tattered jeans frayed at the knees, with one pant leg completely detached. His shirt was ripped, with dark brown blotches on the front from spilled food that had rotted. His fingernails were jagged

and long, with dirt embedded under each. His greasy black hair shone.

The staff encouraged him to shower, but he didn't react, remaining frightened and frozen. Jay believed that the US federal government was trying to take over his mind. He was humming loudly. "No one talk to me. I know who you are. The devil is trying to read my mind. I won't let you in."

Without warning, he became aggressive, swinging his arms at staff. One of his team doctors ordered a chemical restraint. Fifteen minutes later, Jay quieted down and was showered, given clothing and served supper. He ate voraciously. He drank six containers of milk, barely stopping to open each one. The milk dripped down his chin.

Once Jay was shown to his room, his door was left open. A mental health worker remained in the doorway throughout the night in case Jay became combative. He slept quietly, but in the morning he was still flagrantly psychotic. Thankfully, his prior violence was absent. Jay had a lot of history and I had to gather it for my evaluation.

Jay was born and raised in California. His sister lived in Portland, Oregon. His parents divorced when he was an infant. His mother was a Presbyterian minister. He graduated from high school with honors and was a talented artist who went through three years of art school with a college academic load. However, by the third year, his grades began slipping and he started isolating himself, taping garbage bags to his windows and not allowing anyone into his room. After a seething argument with a professor, Jay was suspended from college. He found work as a night security guard, but was then fired because of a physical altercation with a co-worker. He never worked again.

Jay's first run in with the law and subsequent psychiatric hospitalization occurred in early 2000. He was charged

with public urination. Over the next ten years, he was hospitalized on fourteen separate occasions. He rotated among three different psychiatric hospitals in Boston, getting evaluations of competence to stand trial and criminal responsibility; the insanity defense. I did many of the evaluations, and he often remained hospitalized for months at a time. In between hospitalizations, he was either jailed or confined to his mother's home with an ankle bracelet. He would often cut the bracelets off and police found him wandering the streets.

When I evaluated him during his hospital stays, our conversations were almost always identical. I felt I could just cut and paste the information from one report to the next.

"Hi Dr. Lewis, how are you?" He would say. "I am glad to see you. I haven't been well."

"I'm sorry to hear that, Jay. What's been happening?" I would reply.

"I couldn't get my prescription at the pharmacy, so I had no medication to take. I want so much to get better, but there are so many obstacles in my way. I'll never get there."

The conversation would continue in circles until all patients were called for afternoon snack. I went to my office to call the pharmacy. His pills were always, without fail, still waiting to be picked up.

Because he repeatedly groped women on public transportation, the police knew him and where to find him. The courts knew him well, and when he appeared before the judges, they would usually send him to the hospital for a forensic evaluation. For the most part, whenever he was in court his behavior was disruptive and loud. I had taken the stand a dozen times to testify on Jay's mental state. He had been repeatedly asked the same questions, and had re-

peatedly given the same answers. Though it left me feeling guilty, I had reached a point where I didn't care about doing the evaluations. The conversations were tedious and repetitive. Yet, for Jay's court case to go forward, the judge always had to hold a competency hearing. Victims never attended those proceedings; that always waited until a case reached the trial phase.

The U.S. Supreme Court and the Court of Massachusetts hold that a criminal defendant is incompetent if he or she cannot understand the proceedings or assist in his or her own defense in conjunction with an attorney. Ever since Jay's initial admission to the hospital, it had been difficult to determine his exact diagnosis. He had undergone a battery of psychological tests that were not able to illuminate us. Although his IQ was superior, his scores also indicated malingering or lying. Jay's truthfulness would remain in question throughout his years of mental health care, but there was no question that he was confused and psychotic each time he was in-patient.

He suffered from psychosis, experiencing things and believing them to be real when they were not. It's a symptom of a psychiatric disorder best described as schizophrenia. The most prominent symptoms include hallucinations and delusions lasting six months. Under these circumstances, logical problem solving is impossible.

When cases did move forward and the court found Jay competent, he plea-bargained for a ruling of 'continued without a finding' (CWOF). Jay would admit that the prosecution had enough evidence for a jury to find him guilty of the charged offense, and then agree to be placed on probation. The court would continue the case for a period of time, usually one year, without a guilty finding as long as he adhered to the pre-arranged conditions of probation. If the conditions were not met, or there were new charges

incurred before the case was dismissed, the CWOF could be revoked and a guilty finding entered. Jay was instructed to take medicine and receive treatment.

This cycle didn't sit well with me. The court would dismiss the charges and send Jay back to the hospital, and because he would be confined, he would, of course, meet the court's conditions. When he stabilized, the hospital would release him with an aftercare plan, which he would ignore until the next cycle of his offending began.

In my role, I often played an active part in the continued spinning of that revolving door. In Massachusetts, a defendant is not responsible for his conduct if, at the time of such conduct, as a result of mental disease or defect, he lacks the substantial capacity either to appreciate the criminality (wrongfulness) of his acts or to conform his conduct to the requirements of the law (Commonwealth v. McHoul, 352 Mass. 544, 1967). However, without consequences for his behavior, what motivation was there for Jay to change? He wasn't held culpable. Instead, he received shelter, food, care and empathy from a treatment team of eight, all focused on his needs. In fact, there was plenty of incentive for Jay to stay sick. I felt conflicted.

Jay's mother always dismissed the charges as a consequence of his sickness. "He would never touch a stranger," she said to me once. "He wasn't brought up like that. Jay respects women. He has always wanted to get married and have a family."

What world does she live in? I wondered. As a forensic psychologist, I had access to Jay's police record. It was pages long. While psychiatry failed to help him, the laws of commitment kept him safe from prosecution, freeing him to commit the same crimes over and over again.

In the midst of another cycle, when Jay had committed a similar offense while residing with his mother, Jay's

attorney hired me as an independent forensic practitioner. Jay's mother paid me, and I knew Jay's attorney had independently hired me because of my long-term relationship with Jay. I was able to speak to the history and recurring symptoms of his illness.

When I entered the packed courtroom, Jay's attorney motioned me into a small conference room. Jay was there too.

"I will take my medicine, Dr. Lewis," he said. "I promise. I'm sorry." I felt like I could lip sync his replies.

Jay began to talk about his developing relationships as the incentive for him to get better. He told me about an experience during a recent massage.

"The therapist was so attracted to me that we ended up having sex all night. I also met someone on Facebook two months ago and we are engaged to be married." I felt emotionless as he spoke. We'd been down this road before.

We entered court and took our seats. I sat in the gallery, Jay and his attorney sat on the left and the prosecuting attorney sat on the right. Both lawyers sat behind rectangular desks.

A witness I didn't know was testifying. As she spoke, tears splashed onto the microphone. While speaking, she waved her hands. They looked small to me, like those of a ten-year old. I could barely hear her. Judge Frank, who was on the bench that day, told her to lean into the microphone so she could be heard. I learned that this woman was named Rochelle. I had seen her name in Jay's reports.

"I was on my way to work," she said. "I am a teacher in the Boston public school system. I teach fifth graders. I've taken the same train at the same time for ten years and never had a problem. On this one occasion, I was holding onto a pole because the train was lurching. I was trying to read my book."

She explained that she was also looking out the window at the trees, with her back to the passengers, when she felt someone bump into her. She noticed a man with a tan overcoat beside her. He had dark glasses on and was looking at the floor.

She began crying again.

"I felt a hand touch my thigh, and I thought I bumped into someone else while the train shook a bit. The hand moved up my thigh and between my legs. Before I could say anything, the man put his hand in my underpants and touched my vagina. He moved his fingers around. I pulled away and pushed him. At the next stop, he jumped off the train."

Rochelle explained that her heart was pounding and her knees were so weak they gave out. When she fell, the other passengers tried to lift her, but she was too wobbly. Rochelle leaned into the microphone; "Finally, I was lifted to an open seat."

I listened in shock. This was my tenth evaluation of Jay, but it was his first trial. I had never had to hear in detail what Jay had been doing to the women he assaulted. I now knew I had minimized it. I thought he was grabbing them over their clothing. I had read the police reports, but they weren't detailed. I sat frozen.

Rochelle then described how she couldn't sleep because she had nightmares about the assault. She constantly felt on edge. She had taken time off work because she couldn't take public transportation and had no other means to get to her job. She was taking both an antidepressant and an anti-anxiety pill. Tense and fearful of the world, she was constantly on alert. Rochelle had post-traumatic stress disorder just like some soldiers returning from combat.

"I feel dirty," she said. "I see a rape counselor who has been very helpful. I am also in a group with other women

who have been sexually assaulted. I feel like I can't return to my previous life."

I watched Rochelle sob.

The next witness was her mother. She said that since the assault, Rochelle was too frightened to live alone and had given up her apartment to return to her mother's house. Her mother told the courtroom how, in the middle of the night, she could sometimes hear her daughter moaning and crying out in her sleep.

"Rochelle paid her way through college," her mother said, "often working eight hours after her classes each day to earn money. It was always her dream to become a teacher … now it may all be lost."

Rochelle had signed a release for her therapist to give personal information to the court. The court was interested in her description of Rochelle's wellbeing. Her therapist mentioned the group Rochelle was in and gestured to the back of the room. I turned around and saw eight people with their thumbs in the air. Rochelle's group was there to support her.

I realized Rochelle's life had been halted in its tracks. She had been victimized, and her recovery was painful and slow. Yet she had braved confronting her assailant face-to-face in court.

I felt sweaty and nauseated. What am I doing here? I wondered. I was about to give testimony that would once again likely free Jay to move into the world and find another victim.

When the therapist finished her testimony and sat with the group, I hoped it was time for lunch, but when I looked at my watch, it was only eleven. There was plenty of time for my testimony.

It wouldn't have been wise to challenge the victim's report, so Jay's attorney didn't question Rochelle. Instead, he

asked the judge if I could take the stand. I walked to the witness box. Looking out over the courtroom, I felt like walking away from everything, leaving the courtroom and quitting my field. Instead, I acknowledged Jay's attorney, who noted my busy schedule.

All I could do was nod. Saliva filled my mouth, but I didn't want to swallow. What if I threw up? Should I ask for a tissue? I had never appreciated how much spit a person could produce in five minutes.

I felt the sweat under my arms. I felt it on my brow; my back was soaked under my shirt. I knew that the people watching would make judgment calls based on my experience. No one would imagine I was nervous.

Jay's attorney asked me to describe for the court, my training and credentials. I told them about my Ph.D. from Tufts University in psychology, my clinical internship approved by the American Psychological Association, that I was licensed by the state of Massachusetts as a psychologist. I told of my twenty-five years of clinical experience, my fellowship in forensic psychology at Harvard and Massachusetts General Hospital and that I had taught at Harvard for four years. I'd completed and given testimony on more than two hundred forensic evaluations. I had been adjudicated an expert in most Massachusetts' courts. I felt I was on strong ground in relation to my credentials. Whether I felt able to make such a statement and to understand the ramifications of my testimony felt like an emotional slippery slope.

Jay's attorney turned to the prosecutor, "Will you stipulate to Dr. Lewis' credentials and expertise?"

"I will," he replied.

The judge added her affirmation.

As Jay's attorney asked about my knowledge of Jay, his evaluations and my prior testimony about him, my head

swam. I felt Rochelle and her group watching, and I saw Rochelle's mother holding her hand.

I felt desperate. I was experiencing an embarrassment for my job that I hadn't felt before. Beside his attorney, Jay sat with a grimace. He knows what will happen, I thought. He won't be held accountable for not taking his medication even though it was his choice.

Still, I had to tell the court that sometimes individuals who experience Jay's symptoms improve, and when they feel noticeably better, they feel they don't need to continue with their medicine. While this is generally true, I didn't believe this was the case with Jay. I thought that he was manipulative and did whatever he damn well pleased, but that wasn't a statement I was qualified to make.

Now Jay's attorney came to the essence of the trial and my expertise.

"Dr. Lewis, I would like to ask you about Mr. Saluda's mental status at the time of the alleged offenses," the attorney said. "I know you saw him shortly after his admission on the same day. Would you describe his presentation at that time, to the court?"

I described Jay's grossly psychotic condition. "He was hearing voices telling him people were reading his mind. He was barely coherent. When questioned about the events of the alleged offenses, he said that the women had insisted he touch them."

"Dr. Lewis, did Mr. Saluda understand the seriousness of his alleged behavior?" Jay's attorney asked. "Could he control himself?"

"In my clinical opinion, at the time of the alleged offenses, Jay was suffering a major mental illness and responding to what were likely auditory hallucinations." I said, feeling as if the wind had been sucked out of me. I noted that the police officers that responded to the call on

the day of the alleged incident had described symptoms and behaviors concurrent with Jay's recurring psychiatric illness.

"In closing," I said, "It is my opinion that Mr. Saluda was suffering from an ongoing mental illness. It is also my clinical opinion that, at the time of the offenses, mental illness significantly impaired Mr. Saluda's ability to appreciate the wrongfulness of his behavior. In addition, at the time of the alleged offenses, mental illness significantly impaired Mr. Saluda's ability to behave in a manner consistent with the law."

The prosecutor looked dumfounded. "Dr. Lewis, was Mr. Saluda taking his medication as prescribed on the day of the alleged offenses?"

"To my knowledge, he was not," I answered.

"Doctor, wasn't it his choice to take his medication or not?" The prosecutor asked.

"One way to think about events is–"

"Doctor, this is a yes or no question."

"It is not quite that simple," I turned to the judge. "If I may, your Honor."

The prosecutor interrupted me, "Your Honor, the doctor has not answered my question."

Judge Frank looked first at the prosecutor and then me. "Let the doctor finish."

"If a person goes to the doctor for a cold and the doctor prescribes an antibiotic, instructions are that it be taken until there are no pills left. Psychotropic medication follows the same regimen, but the prescription must be refilled when they run out.

"An ongoing problem with these medications is uncomfortable side effects. Perhaps the person feels better, and not really understanding mental illness, they stop taking the medicine. Although the symptoms eventually re-

turn, the individual does not have the clarity of mind to seek help." I explained.

"When Mr. Saluda refuses to take his medication, his psychotic symptoms become exacerbated and affect his impulse control. His thoughts and behaviors become sexualized. He engages in activities that escalate this state, and he feels aroused with the intent to satisfy his urges. His mental stability at this time is distorted by psychosis and his sexualized state, and he doesn't appreciate that he is, in fact, deteriorating."

I looked at the gallery and saw Rochelle shaking her head.

Finally, Judge Frank spoke, "I find the defendant not guilty by reason of insanity and remand him to the forensic hospital where he has been residing."

Judge Frank rose to leave, and the court ordered that all rise.

I could hear Rochelle sobbing and saying over and over, "He's free. What about me?"

Before court personnel transferred Jay back to the hospital, I met briefly with him and his attorney.

"Thank you, Dr. Lewis. I will take my medicine, I promise."

On the way home, I sobbed. I hated Jay, his lawyer, the legal system and the hospital for allowing this to happen. I hated, hated and hated…my work.

The next morning, my alarm went off. I dressed and drove to the hospital as I did every day.

Manslaughter

One morning, as I was covering walk-ins at an outpatient clinic, a strikingly tall and handsome young man, with golden blond hair and a tan face, entered in a tailored, dark blue suit. I loved working in outpatient clinics. The diversity of the clients that came for help made it challenging and interesting. I took the man to one of the clinic offices.

The man, Maxwell, plopped himself down into the one maroon cushioned chair in the room. He was bouncing his heels so hard that I could feel the vibration across the room.

"You seem anxious," I observed.

Maxwell replied, "I need to see a counselor. My life is stressful and I wake up early every morning and can't fall back asleep. I am exhausted at work and not paying attention to what I am supposed to be doing. Some days I have been so tired, lately I just stay in bed. I don't want to lose my job because I don't show up. I rarely ever missed a day of work in my life."

I asked him if he had ever felt similarly depressed or anxious before. He said that, when he was in his first year of college he was anxious because he hadn't made friends easily and felt alone and self-conscious. "I figured being away from home for the first time was just tough for me.

I kept it to myself because I didn't want to come off as a momma's boy. By the time I went back in my second year, I felt better."

Maxwell had excellent health insurance coverage through his workplace. I wondered why he didn't seek out a private practitioner rather than a therapist in a state supported clinic where the majority of clients were indigent. Although I didn't recognize it early on, I think Maxwell came to the clinic to get as much distance from his 'regular' life as possible. His anonymity was guaranteed. The usual patients moved in a different world than Maxwell did.

I agreed to be his counselor and referred him to the staff psychiatrist, who gave him a PRN (as needed) anti-anxiety medicine. She told him that he should take the medicine when he woke in the early morning and couldn't get back to sleep.

During our meetings, Maxwell's legs remained jittery. The bouncing seemed to get more intense. I expected his teeth to chatter whenever he spoke.

I learned that he and his boyfriend, Shaun, had been happily together for eight years. He had also been employed in his current job for close to ten years and received many promotions. Both he and Shaun worked long hours.

They had recently decided to buy a small house and found one on a small private pond that they fell in love with. They made double mortgage payments every month and were on the road to successfully paying off the mortgage in a short period of time. They were in better financial shape than I was.

Months of weekly appointments went by and our conversations took on the tone of light conversation. Should he and Shaun get a puppy or adopt one from a shelter? Did they need a dog walker? Where might they travel on vacation? What about doggy daycare?

I spoke with the psychiatrist several times over the months and she told me that Maxwell reported feeling less anxious. His vibrating legs had not changed, but if he felt less anxious, I was glad.

One evening when I came out to greet another patient in the waiting area, I noticed that Maxwell was already waiting as well. He was an hour early. After I finished with the first client, I went back to the waiting area to meet him. When we sat down, he tucked his chin into his chest and softly said, "I have something I want to tell you that I've been afraid to say out loud. I was early because I was debating with myself to open up or not." My heart skipped a beat. His words sounded ominous. This was unlike any encounter I had had with him before.

"I grew up on a farm and know how to track animals," he began. I took a subtle gulp of air. "Recently, I found myself in the woods near our house. I was sitting in the leaves and dead animals were lying around me. Some sticks were standing up in the ground with raccoon, chipmunk and bird heads resting on top. My hands were covered with blood, and I had dirt and leaves on my shirt and smeared on my face. I found myself sitting cross-legged. I don't know how I got there, what I did or how long I had been there. But, I think I killed them."

I was dumbfounded. I gathered myself and asked, "Has this ever happened before?"

Maxwell quietly said, "Yes. That's the reason I started coming here. I miss work when this happens to me. By the time I realize what has happened, it is late afternoon. I don't call. I just don't show up."

I felt scared, nauseated and tongue-tied. I didn't know what to say. "Why don't we continue to talk in greater depth about what has been happening to you."

When I asked Maxwell how he felt sharing this information and speaking aloud, he answered, "I am relieved. I am so relieved. I never thought I'd tell anyone."

I had never heard anything like Maxwell's recounting. In the ensuing weeks, Maxwell described the dead animals in great detail. He had skinned some, hung their entrails on branches and put their heads on tree stumps. Others he buried, leaving their heads peering out of their graves.

I tried to be attentive, though I often found myself clenching my jaw. I had a headache after each meeting. I loved animals and these stories were weighing on me. However, I continued to meet with Maxwell and listen to his stories. When he spoke about the forest, as I began to refer to it, I noticed a marked increase in his leg movements.

One Friday morning he came in for his regular meeting looking chalk white. He had taken the day off because he was due to leave for Cape Cod for a long weekend with Shaun. When he entered my office, he flopped into the chair and stared intently at the floor. I could hear his breathing speed up as he got ready to speak.

I was frightened by what he might say, but I sat straight in my chair, quietly looking at him and listening.

Maxwell began, "My friend attacked me during an argument a few months ago. I just lost it. I was blind with rage. I grabbed a knife from the top of the kitchen counter and drove it into him. I felt out of control, like there was a monster taking my mind and body over. I stabbed him over and over again. I took the butcher block that the knives were in and smashed it into his head. He gurgled blood out of his mouth and ears and then he was still. I killed him.

"I looked at the mess and got light headed and dizzy. I could feel the bile in my throat and thought I was going to throw up. To steady myself, I washed my face in the kitch-

en sink and leaned against the refrigerator. I didn't know what to do. The blood was sloshing on the floor under my feet and there were blood droplets on the white kitchen cabinets. It was everywhere. My shoes left bloody imprints on the kitchen floor, so I tried not to walk anywhere until I could get my thoughts together. When I tried to clean it up, the blood just smeared across the floor."

Maxwell continued, "I stared at the body and tried to drag it across the floor. He was so heavy, I couldn't lift him, not even by both shoulders." Maxwell began to speak rapidly, barely taking a breath between words. As he annunciated, saliva drooled down his chin. I felt like I had left my body and was hovering over us both. I watched the clock, which sat behind Maxwell, tick forward, second by second. We had only been talking twenty minutes. He stopped speaking for a moment and our eyes met. I held my breath and nodded slightly. I asked him if he wanted some water and whether he wanted to continue. He nodded and I left the room to get him a glass of water. I didn't want to go back into the room, but my legs seemed to be walking in that direction without my guidance.

Maxwell was calm as he told me his story. No shaking legs. He made direct eye contact with me and spoke rigidly, as if he was slowly narrating a cooking recipe for me to follow, detail by detail, so I understood each step.

When I sat down, he immediately dove back in. "I cut his head, arms and legs off and put them in leaf bags. I had five of them. I dragged the bags to my car and drove to a nearby barn I knew was abandoned. I dragged the bags into the entrance to the barn and also took off my shoes. I threw them on top of the bags. I took gasoline from my car, doused the barn and lit it on fire. As I drove away, I could see the embers flying. I went back to his house and

spent hours mopping up the floor, cleaning every nook and cranny."

Maxwell went from looking stiff and detached to sobbing, deep gut wrenching cries. He went on, "I remember everything as if it is a movie in slow motion." He told me the name of the victim, which I would rather not have known. I can't recall what he talked about from that point on. My mind was racing, my insides were quivering. I glanced down and saw my hands shaking.

Maxwell, with puffy red eyes, tear stained cheeks, and snot running down his nose, faced me and in a raspy voice, asked, "Is everything I told you a secret?"

I wanted to call the police immediately, to have them come and handcuff Maxwell and drag him out of my office.

"Yes." I replied.

Under Massachusetts's statute, if a patient is an imminent danger to himself or herself or others, or is unable to care for himself or herself due to mental illness, by law I can breach confidentiality. I made a checklist in my head: he killed in the past, but he was no longer a threat; he hadn't made any threats of future violence; he made no mention of feeling suicidal or fearing he would harm anyone else, so there was no need for psychiatric hospitalization to keep himself and others safe; full time job; stable relationship; mortgage paid off. For all intents and purposes, he was a pretty stable guy.

I thought, and hoped, that maybe Maxwell was delusional. How could such a mindboggling story have any truth to it? But that evening I rushed home and went online to check the Boston papers. I found a small column. A victim's charred remains had been found in a barn, and authorities were asking the public for any assistance with information for identification of the remains.

When I went back to work the next morning, I stopped by the missing persons corkboard and leafed through the flyers that law enforcement routinely posted. The name Maxwell had given me was fifth on the list. The rest of the week I had one extended, unending anxiety attack. I didn't sleep. I had no appetite. I couldn't concentrate, and by the middle of the week, I could barely get myself to work on time. I was hoping no one noticed as I slithered down the halls to my office.

I needed an attorney to discuss what I could do. The clinic had legal counsel, but I knew that if I were ever involved in a legal problem associated with my work with patients there, they'd hang me out to dry without so much as a thought.

After the longest week of my life ended, I finally met with my attorney. I unloaded the verbal facts without so much as blinking or breathing. I rambled on, "I know the victim's name. I know where the body is. The family of the dead person doesn't know where their loved one is and I do. I have all the necessary information the police need to solve this disappearance – location, names of the alleged murderer and victim, the entire sequence of events."

I had used Tony's counsel before. I trusted him. His voice was calming. He did not speculate on how the courts made their decisions. He used black letter law; basic, settled principles of law that are indisputable.

"The information is privileged," he said. "It is not your job to be informant, judge or jury. You are licensed as a psychologist under the laws of the Commonwealth of Massachusetts, and you have to abide by the them."

"That's it?" I said, disappointed and frightened. I don't know if I had expected empathy, understanding or support, but I know I had expected something other than the cold facts.

Questions swam around my head. Am I scared of Maxwell? Why did he tell me? What kind of a response was he trying to elicit? What the hell would we talk about now, his damn shaky knees?

Maxwell and I continued our meetings for nine months, until I left the clinic. He spoke about the murder in every gory detail, over and over. With excruciating effort, I tried to listen without judgment or condemnation. Over time, he became less anxious. He never reported another episode of animal killings.

When we met for his last appointment, he brought me roses. "Thank you, Dr. Lewis, for helping me live with myself." Roses from a murderer; it felt surreal.