

Your own personal craniotomy. It seems too incredible to be true, the kind of thing that would happen to somebody else—a cousin or an old friend from high school with whom you lost touch years ago or that strange woman who used to live in the house next door to yours in Mount Albert when you were a child, the one whose double-hung windows came down upon her thumbs, trapping her, until she cried out and your father went across to rescue her. Phillips, you seem to recall was her name, Mrs. Phillips.

You were too young to realize then the complexity of the labyrinth you were immersed in. The complex web of family relationships that surrounded you. You had never seen your father cry. You could not comprehend public versus private. You did not understand the way in which the vast majority of people have two masks; the way in which we, as humans, present one face to the world, Eleanor Rigby-style, and have another private self that we keep well hidden, the Ace

BLOOD AND GUTS:
ONE WOMAN'S FIRSTHAND
EXPERIENCE OF A CRANIOTOMY
(A TRAGICOMEDY)

to be played at the last minute, the trump card; how much of life is a game of push-and-pull, give-and-take, one-upmanship. You still thought the world was a kind place. You hadn't learned yet that nobody respects a pushover, that the strong devour the weak and then sit gloating, munching on the bones, fresh blood dripping from one corner of the mouth. As she was for many New Zealanders, Janet Frame was the one who introduced you to the horrors of mental institutions. When

her biographies were released, you witnessed firsthand the suburban schadenfreude, a Kiwi *Heart of Darkness* with its very own version of "The horror! The horror!" You accompanied your mother when she went to visit a friend whose husband worked with your father, and the two of them sipped tea, munched biccies and gossiped about *To The Is-land*, relieved that it was Janet who had suffered and not them. Mental illness was hush-hush, taboo. Most cities of any size had their own institutions; yours had Ngawatu, the remains of which still stand—the old villas and the 1920s houses where the doctors lived, the tennis court, and the bowling green. It even had its own shop where the patients could spend their "pocket money." Even the most unimaginative individual could easily picture the villas being haunted by the ghosts of inmates past. The gardens are beautiful, well maintained even to this day by a caretaker who lives in a ramshackle house on the grounds. The rhododendrons bloom; the natives, kanuka and manuka, blossom; and the bulbs, jonquils, daffodils, and freesias, burst into flower.

BY LAURA SOLOMON

The gardens are lovely, although I have no idea how many of the patients were allowed to roam freely and what restrictions were imposed upon their liberties. Doctoring, like lawyering, is not a business of black and white, but—at the risk of sounding like the recently released Mummy porn that has been flooding the market—contains many shades of grey. Lawyers deal in "legal" or "illegal," although of course there is plenty of room for shark-like maneuvering. Shrinks deal in "well" and

“unwell,” so there’s plenty of maneuvering in that profession too. The more cynical among us would call them glorified pill dispensers. What do we do when the brain goes haywire? Behavior is analyzed and then diagnosed. Major depressive disorder, bipolar, organic brain syndrome, Asperger’s, ADHD, epilepsy, anxiety, PTSD, paranoia, delusions, obsessive compulsive, schizophrenia, dissociative personality disorder, paranoid schizophrenia, psychosis. The treatment is dished up: pills, the depot (an injection, typically administered fortnightly), ECT, seclusion, restraint, insulin therapy, IPC. I speak in defense of the patients—somebody has to. In any setting other than a psychiatric institution, a lot of what takes place would constitute human rights abuse. Oh, I know, I know, there are the posters on the wall—*Your Rights*—but it’s all fairly tokenistic. Toothless. Prison might be better. At least a prison sentence has an end date, and there’s always the chance that they’ll release you early on good behavior. Or if you can stump up bail. Or get a good lawyer. But the vast majority of psychiatric patients will have access to neither. You can be kept in a psychiatric institution, or Mental Health Unit, indefinitely. Most of the lawyers who represent mental health patients would like to be sitting behind a swanky wooden desk, surrounded by leather-bound tomes and piles and piles of files, and pulling in six-figure sums rather than scraping the bottom of the legal aid barrel.

You didn’t know when you were young about the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), about ECT or insulin therapy or Monsanto. You knew nothing about Risperidone, Lamotrigine, Quetiapine, Dilantin, or about the forced drugging of psychiatric patients in order to turn them into zombies

who are more easily controlled (even though you had always been fond of horror stories). Death by doctoring. The three conditions for being sectioned remain the same: danger to self, danger to others, or inability to care for self. The brain is high-priced real estate—the Tokyo of the body. Private psychiatrists are represented in *New Yorker* cartoons, the shrinks modeling themselves on Freud, complete with couch and many a fleeing Dora. The public system is, of course, a good deal more brutal. Like the mental health lawyers who resent their colleagues who are employed in the private sector, the shrinks would undoubtedly prefer to be raking in the cash running their own *Sopranos*-style private practices and catering to the wealthy rather than dealing with those on benefits. Perhaps it is a grotesque generalization, but the public sector has always been more Scrooge than Santa.

I recently had a craniotomy to remove a brain tumor—oligodendroglioma, grade 2, in case your granny wants to know. I was operated on at Christchurch public hospital. I had been keeping myself fit. The evening before the operation, I ate a hearty meal of steak and spuds in order to make it through in one piece. I woke up in Ward 28: Neurology. Felt fine. Was seen by the neurosurgeon, the neurosurgical registrar, and two or three nurses. Three days later, the sutures were pulled from my head and I was discharged, left to find my own way back to Ranui house. I was driven back to my parents’ home for the night. Following a nightmare, I sleepwalked into my parents’ room and freaked them out, and they arranged to have me put in the local Mental Health Unit. I attempted to abscond and was locked in seclusion, a psychiatric version of “The Hole.” The lights were switched on and

off all night; I spent the entire time vomiting. They moved me around from room to room (or should I say “cell to cell”?) in order to increase my sense of disorientation. The first room had nothing to see outside the window except concrete. It was a form of dungeon. A stitch-proof gown was put across the air vent to stop the draft. I could smell the murder in the walls.



The second room I was moved to had a plant outside the window, so at least I had some sense of where “outside” was. I wondered if the water was poisoned. The nurses entered with drugs, which I ingested after some deliberation. They moved me to another room. The doctor came in with more drugs, which I took. What else could I do? Dangerous? Deadly? This is how they train you to become medication compliant. The nurses seemed more interested in checking their Facebook messages and gossiping about their latest boyfriend dramas than they did in “tending” to the patients.

All right boys, out the back, out the back was what they said before hauling me into seclusion.

I coped by detaching myself, pretending it was a movie, something that was happening to somebody else. I wouldn’t go through brain surgery again—it’s ever so traumatic to have somebody else fossicking around in your frontal lobes and cingulate gyrus, especially if the aftercare provided is as horrendous as that which I received. Lucky for me, I had support workers arranged to help care for me in my own home, and so, with the help of a lawyer, I was discharged fairly quickly, bag of medication in hand. When I was diagnosed, I was given ten years to live. Now I’ve got six years to go. Gliomas “almost inevitably recur” and “are almost invariably fatal.” The surgeon got most—but not all—of it due to infiltration, the tendrils that have invaded my brain. Time to check off a few items on the bucket list. Time to enjoy myself. I never would have parachuted before the cancer. *What’s the worst that can happen*, I asked myself on the way up in the plane, *the chute doesn’t open and you die an instantaneous death rather than a prolonged and lingering one?* Next up, paragliding...

Laura Solomon has a 2.1 in English Literature (Victoria University, 1997) and a master’s degree in computer science (University of London, 2003). Her books include *Black Light* (Tandem Press, 1996), *Alternative Medicine* (Flame Books, 2008), *In Vitro* (HeadworX Publishers, 2011), *Operating Systems* (Proverse Hong Kong, 2010), and *The Shingle Bar Taniwha and Other Stories* (Proverse Hong Kong, 2012), among many others. She has won prizes from Bridport, the Edwin Morgan International Poetry Competition, Ware Poets, the Willesden Herald International Short Story Competition, Mere Literary Festival, and Essex Poetry Festival Competition. She was short-listed for the 2009 Virginia Prize and won the 2009 Proverse Prize. She has had work accepted in the *Edinburgh Review* and *Wasafiri* (UK), and in the New Zealand publications *takahē* and *Landfall*. She has judged the *Sentinel Quarterly’s* Short Story Competition.

Update: Laura raised official complaints with the District Inspector and the Human Rights Commission. The Human Rights Commission replied saying it wasn't something they could do anything about. The District Inspector kept saying he was investigating, but nothing came of it.