



THE BLIND

A NOVEL

CHAPTER 1-5 PREVIEW

When the lines of sanity are blurred...

A.F. BRADY

THE BLIND

A.F. BRADY



OCTOBER 18TH, 9:40 A.M.

I'm kneeling on the floor in my office, tying the top of the garbage bag into a knot and squeezing out the excess air as I do it. The maintenance guys always leave extra bags at the bottom of the garbage can, so I can replace this one with a fresh one and just dump the tied-off bag into the bin. I find this is the most discreet way of hiding the rank stench of alcohol when I throw up into my garbage can. I want to believe that my tolerance is high enough that I never throw up, but the truth is, more often than not, I find myself on my knees in my office the morning after.

My name is Sam. I'm a psychologist, and I work in a mental institution. It's not like the ones you see in *Rain Man* or *Girl, Interrupted*. It's in Manhattan. It doesn't have sprawling grassy lawns and manicured hedges. It doesn't have wide hallways and eleven-foot doors like in *One Flew Over the Cuckoo's Nest*. It smells like a combination of antiseptic and bubble gum because they added bubblegum scent to the antiseptic. The lights are fluorescent and the toilets are always broken. The elevator is the size of an airplane hangar and it's always full. I've been working here for six years and I've never been in the elevator alone. Someone pushes the alarm button every day.

A.F. BRADY

The ceiling tiles in the unit have leak stains in the corners. All the doors are painted gray and have oval windows with chicken wire in the glass. Except the office doors. There are no windows on the office doors, and they're painted pale yellow. They all have paper signs on them saying things like Lunch and In Session and Do Not Disturb. We have to make new ones pretty regularly because patients write stuff on the signs.

It always feels like once you walk through the front doors, the world gets smaller. It's impossible to hear outside sounds and, even though I'm in the loudest city on Earth, I can't hear it in here. There's only one group room that faces the sun and that's where the plants are, but it's always dusty and no one likes to go in there.

We have a lot of different kinds of patients here, 106 of them. The youngest is sixteen and the oldest is ninety-three. The oldest used to be ninety-five, but he died a few months ago. There's one wing where the men live and another wing where the women live, and pretty much everybody has a roommate. If a patient is violent or something, they can get a single room. Once patients find this out, they almost always become violent. What they don't realize is that a single room is just a double room with an accordion divider running through the middle, and when the room splits, someone loses a window. The institution is called the Typhlos Psychiatric Center and I've never asked why.

It feels fraudulent and silly and sometimes even comical, but I'm not any different from anyone else here. The clinicians are supposed to instill hope. We're supposed to take our talents and patience and hard-earned degrees and apply our education to the betterment of others. We pride ourselves on having it all together. We fancy ourselves the shepherds. We are told that this is noble and upstanding work, and a benefit

THE BLIND

to society. But it's all a pile of shit. We're no different from them. There's no line in the sand. In the end, we don't have canyons that divide us. We barely have a fissure. I have a key and an office and they don't. I came here to save them; they can't save me. But sometimes, the lines get blurred. People say "If you can't do, teach." Well, if you can't save yourself, save someone else.

OCTOBER 19TH, 11:12 A.M.

There is a new patient starting this week. No one wants to work with him. His file is nearly empty, and the rumors churning among the staff have been filling in the blanks with horror stories and nonsense. (*He murdered his last counselor; he refuses to do paperwork; he'll be a nightmare patient.*) Even I don't want to work with him, and I'm the one who takes all the patients no one wants. No one really knows what he's all about; what's true, what's a rumor. He has one of those charts where nothing is clear. He obviously hadn't answered the questions during the psychosocial evaluations. Most of what was written was garnered from his physical appearance and intake materials. He was definitely in prison; those records are clear. For twenty-some years, although somehow the charges aren't written in his file. Then halfway houses for years after prison. And now he's mandated to treatment as a condition of his probation.

We take so much of our power for granted; it only really exists because our patients aren't aware of their ability to fight against it. And then this guy comes in and starts unsettling

THE BLIND

everything. I guess I respect him, in a way. I had been napping in my office hoping that something would change, and I guess this guy may be the one to change it.

OCTOBER 19TH, 1:15 P.M.

“Okay, guys, what does *hereditary* mean?” I’m running a group counseling session. This is a psychoeducational group, so I’m supposed to be helping my patients understand their diagnoses. So often psychiatrists will tell a patient that he or she has something and then never explain in plain English what it means.

“It means it runs in your family, right?” This is Tashawn-dra. She had eleven children. Every single one of them has been removed from her custody by social services. She isn’t sure of the whereabouts of most of them, and she believes that two of them are dead, but isn’t positive. This is her reality.

“That’s exactly right—it means there is a genetic component. So which mental illnesses have a genetic component?” I’m up on top of the desk, where I usually sit.

“Cancer. My mom had breast cancer and I had to go get checked for it because she had it, but I didn’t have it.” Lucy.

“That’s right. Cancer has a big genetic component to it, so it’s important to get checked out if someone in your family has it. But what about *mental* illnesses? What about the kinds of things we treat here?”

“All of ’em, right? I know that if your parents or your

THE BLIND

brother is addicted to drugs that you will probably get addicted to drugs, too. And people here are getting treated for that. You treat drug addicts here. And sometimes, if your family is depressed, you could get depressed, too.” Tashawndra.

“Yeah, that’s a big one,” I say, wagging my finger in her direction. “Depression has a genetic component. So does schizophrenia, bipolar disorder and many of the other problems we treat here.”

“So you’re fucked, huh? If your mom is schizophrenic, then you can’t stop it from happening to you, huh? It’s like you’re born fucked over. You’re born to be crazy, right? Ha, like ‘Born to Be Bad,’ that song? Born to be crazy.” Tyler. Tyler has schizophrenia. At twenty-two years old, he’s very advanced for his age. He seems to have a greater understanding of the world that the rest of us missed somehow. He’s at peace with things that the rest of us struggle with. Tyler has forgiven.

“Well, no, not always. And watch your language. When you have a genetic predisposition, which means when someone in your family has a disorder, then sometimes you will get it and sometimes you won’t. It depends on what else happens in your life. It depends on whether or not you are exposed to things that will help you stay well, or things that will make you get sick.” I’m bouncing my heels off the front of the desk.

“What kind of stuff makes you sick? Like drugs and stuff?” Tyler. “Because I know my brother did drugs in school with his friend, and then he was crazy after that. He got locked up but he was crazy, man. He never acted like that before he did those drugs.”

“Drugs, sure. That’s a significant one, actually.” I’m nodding and explaining, bright-eyed. “Also, poverty, abuse, growing up without both parents, not being able to get enough food or go to school. They are kind of like strikes

A.F. BRADY

against you. So, if you have the gene in you to get depression or schizophrenia, and then you have these strikes in your life, too, you could end up with the diagnosis.”

“Like three strikes, you’re out, right?” Tyler. He and I talk baseball in the hallways. I’m afraid of running into him one day at Yankee Stadium.

OCTOBER 20TH, 7:44 P.M.

When it's almost time to go home, I start to look at all the things I've been avoiding all day. I don't have a drink or a cigarette with me to help me look at these things, but I start to peer into the abyss anyway.

I know when I get home and I am alone, and my phone isn't ringing, I'll be looking at this, so I may as well get it started now. Maybe it will ease the burden. Maybe I won't cry so hard when I'm at home. Inevitably, the only thing that happens is I am going to be forced to wear sunglasses on the train home because my face will be swollen with misery and my eyes will be brimming with tears that somehow, every single day, manage to cling to my eyelids until the very second my apartment door swings open.

It didn't always feel like this. Sometimes things made sense. Back when I felt like I understood what was going on, and I wasn't just going through the motions.

The subway is down. There is a fire on the tracks on the A/C Line, and I have to get off the train a hundred blocks from my apartment. For whatever reason, I am walking now. I tend to think when I walk, which is probably not a good

A.F. BRADY

thing, because I don't have any cash and I can't stop somewhere for a drink to help me stop thinking.

It's cold out. The kind of cold that makes your knees hurt and your lips get solid, so it's hard to talk. My eyes are watering, but I'm not crying. I'm smoking back-to-back cigarettes, and I don't have gloves, so I have to keep switching hands.

Even though it's freezing, there are families out in the street. I've seen them since I got off the train. There is a mother pushing a stroller on the other side of the street, and we have been pacing each other for blocks. She looks like me. Well, she looks like my mom, and I guess I look like my mom, too. We're blonde, and I'm guessing the woman has blue eyes like we do, even though I can't see that far. She's small, like my mother is. I'm much taller than they both are; I always thought my dad must have been a pretty big guy. Now I'm stuck thinking about my own family as I walk south in this bitter city.

It was just me and my mom growing up. My dad is somewhere, but I don't know where. I've never met him, but it doesn't really make a difference because Mom was almost too much to manage on her own. Sometimes she sang his praises—*Your father is a wonderful man*. And sometimes she shit all over him—*He's just some mick fuck who doesn't deserve me*. I wonder if that baby in the stroller knows her dad.

My name is Samantha because my mom's name was Samantha. I think that's why I go by Sam. Our last name is James. So I have two first names. I always told people never to trust someone with two first names.

I can see my apartment now. It's the only one on the floor with no lights on. It's in an old limestone walk-up building in the middle of the block. I've been living in New York City for a few years. I bounced around different studios and tiny one-bedrooms in Brooklyn and Manhattan after I came here

THE BLIND

for graduate school. My current apartment has three closets, which is practically unheard-of, and a bathtub. I have a desk and a coffee table and it could pass for a grown-up apartment if I could just buy food to put in the fridge. My couch is brown and I have different pillow covers for different seasons. Now it's the dark blue ones. I have a carpet that's mostly sun bleached because my windows face south, so the summer sun is in here for the whole day, and I used to like the colors but now I think it looks like a little girl's carpet. My kitchen is very clean and has a window above the sink, so I can look out while I'm washing wineglasses and see what everyone else is doing. The radiator makes noise, which is comforting because if it didn't, there would be no sound in here. I never turn on the TV because it makes me feel small.

The front door to my building has a tricky lock, and it always seems to get stuck right when the wind picks up and starts to make my ears hurt. The dark green tile floors in the lobby always look dusty and I'm afraid I'll slip on them and crack my skull. The stairs are wide and rounded, from a New York era long forgotten, and as I wind up them to my apartment, I peel off my outside layers.

I'm opening a bottle of wine that I bought at the liquor store across the street last night. I always make sure to be delicate and grown-up about my drinking. I drink every night, but that's okay because it's expensive wine that I drink out of expensive wineglasses that I always remember to wash before I go to bed. I also always clean my ashtrays, because even I think it's gross to have stale butts around the house. I quit smoking a few times, but then I gave up quitting because something else is going to get me first anyway. Desperation makes you hold on to funny things.

OCTOBER 21ST, 8:55 A.M.

I'm sipping the acrid, burned coffee from the lounge, waiting for my boss, Rachel, to start the clinical-staff meeting. My nails are grimy and dirty, and the nail polish is mostly peeled off. I look up to catch my colleague Gary staring at me. He immediately looks away when our eyes meet, but then he quickly turns his head back to me.

"Yes?" I ask him, eyes wide.

He brushes the side of his temple with the back of his left hand and juts his chin in my direction.

"What?"

He does it again.

I put down my red pen and coffee cup and wipe the sides of my face. I pull back my left hand to see a streak of unblended cakey makeup across my pinkie. Crispy little bits of scab are dotting the makeup.

Rachel begins the meeting.

"Good morning, team. Nice to see everyone bright-eyed and bushy-tailed this morning."

Muffled laughter and sarcastic snorts.

"I know it's been getting a little overwhelming with all the new patients starting, but as you know, there are seasons

THE BLIND

and cycles that are at play with mental health, and with winter almost here, even though it's only October—" she shakes her fists at the windows "—with the shorter and colder days come more depression, seasonal affective disorder, hopelessness and the like. I'm not telling you anything you don't already know. That being said, as you're already aware, we have another new patient, and he is starting today."

The staff begins to look around nervously; people start adjusting their shirts, looking down at notepads, trying to disappear into the noise.

"I've heard a lot of chatter in the hallways. I understand that it's natural to speculate, but it's very difficult to maintain unconditional positive regard, an unbiased attitude and an open mind when rumors are being spread in this manner. You all know what I'm talking about." She glares at us like we should know better.

"Well, can you give us a little more insight into the story with this guy?" Gary.

"I'm not really privy to any more information than you are, so we're in the same boat. But I am urging you to put your preconceived notions away, set down these ideas you have about him and focus on the little information that we *do* have. He is coming here for treatment, for help, and your job is to provide that treatment without making the man into a monster."

"Look, I'm all for positive regard and unbiased treatment, but isn't it important to ensure the safety of the staff?" Gary again. "I mean, I heard his file is incomplete because he attacked his last counselor. I heard he refuses to answer intake questions, and won't discuss his history, and if you pry, he goes ballistic. I mean, he's forensic, and I'm not sure I'm comfortable treating a patient who is known for attacking his counselor."

A.F. BRADY

“Well, we are not in the business of turning away problematic patients.” Rachel lowers her head and shuffles out the file. “And there’s nothing in here that indicates he has been violent with staff in the past.”

“That’s because there’s nothing *in* there at all! The file is nearly empty. It says he is a big dude and wears a hat and doesn’t talk. It says he’s been in jail half his life. But, somehow, it doesn’t say on what charge? Hmm? That’s insane! You can’t have a forensic patient with no history, and no psychosocial, and no diagnosis, and nothing in his file, just waltz in here, and we’re supposed to figure this all out from nothing!” Gary is exasperated. Gary used to be a social worker in the finance world. He worked for a firm that did corporate layoffs, and Gary’s services were offered to those individuals who lost their jobs. He always ended up feeling like the messenger and he couldn’t hack it anymore, so he ventured into something he thought would be cushier, less dramatic, more sustainable on a daily basis. He went from the frying pan into the fire, and he is still looking around, bewildered, wondering how he got here.

“Then what exactly do you think we should do, Gary?” This is David, who usually stays above the fray in these meetings.

“Send him somewhere else!”

“That’s ridiculous. We are the ‘somewhere else.’ This is the last stop. Would you rather he was out on the street? With no treatment? No chance?” Me, wiping coffee stains from the conference table.

“Look, I mean, I just don’t want him on my caseload. I don’t have a lot of extra time on my hands, and being tasked with completing an entire file of pre-intake data *in addition* to everything else needed for him, for a guy who will probably stab me and doesn’t even talk? No. I’m sorry, but no,

THE BLIND

thank you.” Gary folds his arms across his chest and leans back in a huff.

“Then why are you working here?” Shirley immediately regrets these words, and she cowers back into her seat, hoping this comment didn’t open her up to the possibility of being the new guy’s counselor.

Rachel jumps in, taking control of the discussion. “It’s important for all of us to have a forum in which we can discuss the concerns we have with the patients, and to bring everything out in the open. These meetings are exactly that forum. We are not here to attack each other. I want you all to talk to me and each other about what you’ve heard and what makes you so nervous about our new patient Richard. But I will continue to caution you—rumors are usually unfounded, and we need to be careful how we color this man.”

Gary slumps farther down in his chair and disengages from the discussion. Julie, the bubbly princess, pipes up that she is fearful for her safety, and she worries that she’s too physically weak and defenseless to effectively treat someone who intimidates her. Other female staff members coo in agreement. Julie has wormed her way out of taking anyone else onto her caseload for weeks.

“Why was he in jail?” Shirley.

“I honestly don’t know.” Rachel. “As I said, I have access to the same records as you, and I don’t have that information.”

“But isn’t that weird? Shouldn’t we know?” Julie.

“What difference does it make?” Me. “If he were in jail for racketeering or armed robbery or whatever. It doesn’t make a difference. It could be drugs. It could be the third offense for something small, and with the ‘three strikes, you’re out’ law, he could have been in jail forever. It’s not a sex offense, because he isn’t registered—I looked it up. It really shouldn’t matter what he was in jail for. But it’s important to know

A.F. BRADY

that he *was* in jail. His perspective is obviously altered, and he has probably been subjected to some pretty horrific stuff in there.” As I say all of this, it occurs to me that I am completely uncomfortable with not knowing why he was in prison for so long.

“I heard he doesn’t talk, *at all*, and that he is very aggressive. He refuses to follow protocol, he doesn’t get along with other patients, he doesn’t do paperwork.” Shirley.

“Well, I think it’s clear that he’s not cooperative with doing paperwork, but beyond that, I am going to ask everyone to chalk this all up to speculation and the tendency to fill in blanks with drama when we don’t have sufficient information. The fact of the matter is he is here, and he is going to be working with us.” Rachel is no longer looking at anyone and getting ready to drop the bomb. She’s stalling. Everyone starts to shift uncomfortably.

“Sam—” she looks up and tightly smiles in my direction “—and Gary.” He slumps back into his chair, defeated. “I’m going to put Richard with you, Gary, and Sam will be your backup. You can learn a lot from this patient, and I think you’re up for the challenge. And, Sam, you have the best success rate with difficult patients, and you’re a ranking member of the clinical staff. I prefer to start Richard with a male counselor and see how that goes. We will all be here for extra support should you need it, but I’m sure you’ll be able to handle this.”

Shirley and Julie give each other exaggerated looks of relief, and everyone breathes a sigh. David gives me a conciliatory squeeze on my shoulder. Gary huffs up to Rachel and lolls his head to the side as she hands him a copy of Richard’s intake materials. He says nothing, and instead looks to me with wide eyes and an impatient bend in his leg.

“No problem, Rachel. I’m on it.” I gather my papers and

THE BLIND

coffee, and as we all bleed into the hallway, Rachel hands me my own copy of Richard's file.

Gary assures me that he has no problem taking Richard's case, and I will not need to participate in his supervision. Gary is an idiot.

"Well, that's all well and good, Gary, but I'd like you to come to my office so we can discuss a plan of action. Not because I don't believe you can manage this, just because I want to stay in the loop if I'm going to be your backup."

"I really don't have time right now, and I'd like to get an initial meeting with this guy done today." He stands at the door to the conference room with his whole body and one outstretched finger pointed toward his office.

"Come on. It'll only take ten minutes." He expels a giant, frustrated moan and follows me down the hallway to my door. "Sit down," I say, waving my hand at my patient chair. He flops down dramatically and lets his Gatorade slosh onto the carpet in front of him.

"I'm going to find him on the unit and bring him to my office for a meeting this morning. I'm going to talk to him like a man, and I'm going to treat him like he's not scary and no big deal. I'm sure all this crap about him being scary is just because he was incarcerated and prisoners scare people. Well, not me; I'm not scared." He rubs his Gatorade spill further into my carpet with his shoe.

"This is the extent of your plan? You're going to talk to him like a man?" I'm not even bothering to write this down.

"Yeah. It's not rocket science, Sam. He's a patient and I'm a counselor. So, he has to answer me. I don't see why everyone had so much trouble before."

I shake my fragile, hungover head to try to clear the stupidity of Gary's response. "Can you please give me something a

A.F. BRADY

little bit more specific? *How* do you plan on getting through to him when clearly no one has been able to until now?"

"Like I said, by talking to him like a man." He slowly enunciates the last three words.

"What does 'like a man' mean?" I hover my pen over my notebook and avert my eyes. I can't look at him for fear of his response.

"You wouldn't understand because you're not a man." He stands up to leave my office and pats me condescendingly on the shoulder as he leans down to add, "I'll make another meeting with you after I've gotten some answers out of him, okay?" And he's out the door.



ISBN-13: 978-0-7783-3087-5

The Blind

Copyright © 2017 by A.F. Brady

All rights reserved. Except for use in any review, the reproduction or utilization of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereinafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the written permission of the publisher, Park Row Books, 225 Duncan Mill Road, Don Mills, Ontario M3B 3K9, Canada.

This is a work of fiction. Names, characters, places and incidents are either the product of the author's imagination or are used fictitiously, and any resemblance to actual persons, living or dead, business establishments, events or locales is entirely coincidental.

This edition published by arrangement with Harlequin Books S.A.

For questions and comments about the quality of this book, please contact us at CustomerService@Harlequin.com.

® and TM are trademarks of Harlequin Enterprises Limited or its corporate affiliates. Trademarks indicated with ® are registered in the United States Patent and Trademark Office, the Canadian Intellectual Property Office and in other countries.

BookClubbish.com

Printed in U.S.A.



Recycling programs
for this product may
not exist in your area.