Proof of Pain

Jesse Julian

PROOF OF PAIN

Written by

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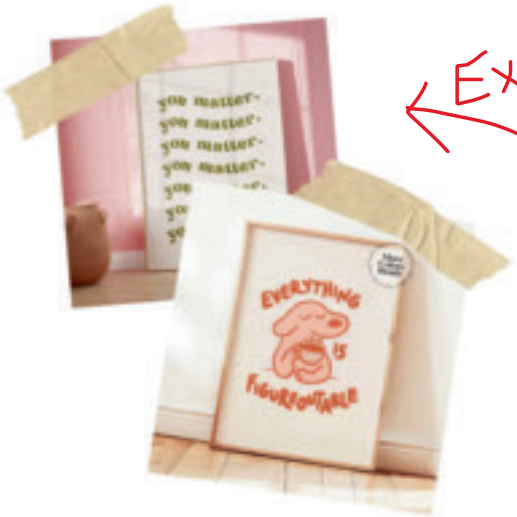
ACT I

During the years when I found it necessary to revise the circuitry of my mind I discovered that I was no longer interested in whether the woman on the ledge outside the window on the sixteenth floor jumped or did not jump, or in why. ***I was interested only in the picture of her in my mind: her hair incandescent in the floodlights, her bare toes curled inward on the stone ledge.***

—Joan Didion, *The White Album*

REVISION OF Scene 1

SETTING:



EXAMPLES

We are in Room 802 of [redacted], a public high school in the suburbs of Southern California. This office belongs to [redacted], a guidance counselor. Framed prints straight from Etsy fill the walls with decorative catchphrases in a friendly, pastel font. A desk divides a cushioned swivel seat from a plastic

COMFORT VS.

*SAFE SPACES are designed w/ SUFFERING in mind

DISCOMFORT

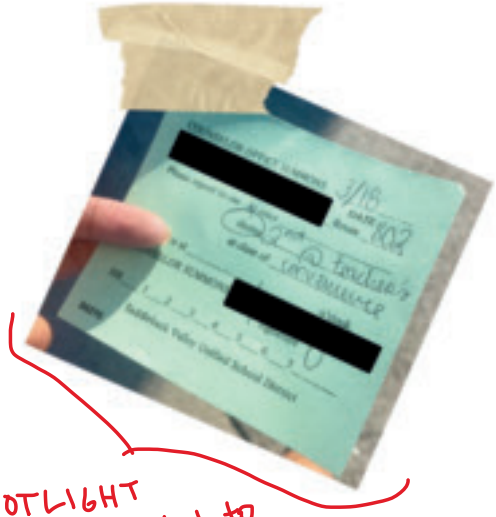
blue chair. The dim, golden glow of a hexagonal IKEA lamp offers warmth and security. The setting's effect is comforting.

the ILLUSION of

TENSE. STRANGE.

AT RISE:

[redacted], a student, sits in the plastic chair with upright posture. Her left hand holds a mound of tissues and her right hand holds a green call slip. Tears of eyeliner mark her face; they're like claw wounds from a hard-fought battle of sobs. Yet confusion holds her face still. MRS. [redacted] maintains welcoming body language. Her eyebrows bend with concern, though she shares a sympathetic smile.



SPOTLIGHT

getting called to the front is never any good.

*CASTING NOTE: STRAINED & DRAINED, in her 30s. ill-equipped

MRS. [redacted]

A couple of people have expressed their concern for your wellbeing. Let's discuss what your friend said the other day—he believes that you attempted to self-harm.

[redacted]

ZONED-OUT, DISORIENTED

(muttering)

I just said I wanted to drive my car off the freeway.

MRS. [redacted]

(MRS. [redacted] perks up. She sifts through her head, considering her response.)

~~Let's dive deeper into what that means.~~

~~Talk me through what that feeling felt like.~~

~~Can you explain what you mean by that?~~

~~I'm sorry that you felt that way.~~

what should she have said?.....

It happens. I mean, this feeling of not having control, or of thinking things might be better, that the world might be better without you in it—sometimes those bad thoughts really do get in our heads. I mean, just two weeks ago, my husband stood at the edge of a building, asking me why he suddenly wanted to jump. He stood there on that ledge and I stood right behind him, not sure how to save him, or answer. Sometimes we don't know the answer!

She was right.

Sometimes we don't know the answer, and I sure as hell didn't know the answer, because what the fuck am I supposed to say to that?

I left this unwanted interaction with this image of a stranger. He teeters on the edge of my consciousness as a frigid breeze rocks him back and forth. He stares into an obsidian night that craves to swallow his unsteady body, aimlessly falling like a fisherman's rod casted into an unlit ocean. An entire life—decisions, dreams, actions, ailments—all come down to his fatal surrender to gravity. Behind him stands his wife—employed by my school to "help"—struggling to help him.

Here she sat, struggling to help herself as excruciatingly theatrical details rolled off of her tongue via the Trojan Horse of shared experience, subtly ready to wage war with my mind. She unveiled her corny sayings, reciting,

MRS. [redacted]

(hands flailing, shrugging her shoulders)

And it's okay! It's okay not to be okay. *You are not alone*.

I've come to question what theatrical script these school counselors rehearse prior to pulling the velvet curtains back, revealing their audience: an ideal caseload of 250 students, sitting together in the strange darkness of shared breath and sustained silence. With cliché catchphrases and cringy attempts at trauma bonding, the short-term emotional support of K–12 counseling staff falls flat into comical redundancy.

Take her entertaining delivery for example. Each syllable bounced out of her mouth with uncanny joy, like the predictable yet perfect timing of a comedian after hours of practice. It is nearly humorous to see that she was ready to spit out lines assuring me that it isn't *only* me. The butt of the joke: it is *awful*ly great, *terribl*y fantastic, and *horribl*y outstanding that someone else *really* wanted to kill themself. Bonus points for standing on the ledge merely ready to jump! The punchline: I sure am thankful I'm not alone.

The American School Counselor Association (ASCA) advises counselors like her to promote a continuum of care with a focus on empathy. This ability to understand and share the feelings of another exists at the core of social-emotional learning. My counselor might have logically reached this conclusion: if empathy resolves loneliness, and loneliness correlates with suicidal behavior, then empathy reduces these suicidal tendencies. Her storytelling utilizes the cognitive dimension of empathy to walk in my shoes—innocent proof that she understands.

But she walked me up to that ledge where he stood, piquing my interest in the picture of him in my mind. Not that I was interested in whether he jumped or did not jump, or why. I must feel grateful that he was *there*, and that someone was *ready* to jump. How selfish and silly do I look, sitting at a steering wheel with only thoughts and tears—someone else has done the harder job of readying themself for the dive into the unknown! The punchline, again: although I certainly am not alone, my problems can't be as bad as that.

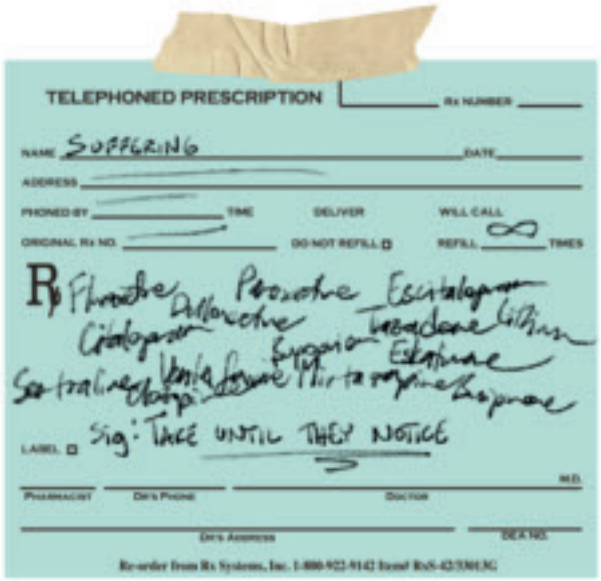
It seems like we've accepted that as long as there's always something worse going on, then your problems aren't that bad. The existence of the worst guarantees the better. People constantly understand the subjective quality of their life through comparison. American psychologist Leon Festinger observed this more than half a century ago in his Theory of Social Comparison Processes, theorizing that self-evaluation comes from the comparison of oneself to others.

Festinger's theory evolved into Buunk and Ybema's Identification/Contrast Model to involve the key features of *direction* and *perceived similarity*, which gives us the phrase "downward contrast"—recognizing one's dissimilarities with someone who is downward, or "worse off." Downward contrasts should foster positive feelings, as it reassures the individual about their superior standing. As I look down at those spiraling toward rock bottom, I should reassure myself that I *must* be good up here—at least I am not falling. My counselor likely believed that she provided comfort and ease through the knowledge that there are others struggling even more than I am. The existing literature that addresses social comparison theory and mental health arrives at fairly unanimous conclusions: upward contrasts lead to feelings of insecurity, and downward contrasts can temporarily boost self-esteem.

Yet I argue that downward contrasts invalidate the individual experience of suffering. Is it always wrong to suffer if someone has it worse? Research professor Dr. Brené Brown broke down the term *comparative suffering* by connecting it to scarcity in culture amidst the COVID-19 pandemic. She explained that "we start to rank our suffering and use it to deny or give ourselves permission to feel." People began to strip themselves of the right to feel pain, because the scarce resources of sympathy belong elsewhere: the higher ranks on the scale of suffering. For every time that you are hungry, there is someone hungrier; for every time that you are sick, there is someone sicker; for every time that you are struggling mentally, there

is someone on a ledge, ready to jump—and if it's not you, then you must do more to prove it.

ACT II



Casual reading has nurtured my interest in stories with angsty protagonists drowning in tumultuous chaos—fighting for survival in a world unfit for them. I curated a melodramatic, pessimistic perspective by diving into Sylvia Plath's narration from *The Bell Jar*, or witnessing the breakdown of Kate Chopin's protagonist in *The Awakening*. Reading these experiences brought true empathy for me. I'd like to think that this differs from my counselor's performance—while she *responds* to my experience, these written works do not demand pity. I felt different, yet not alone. I was a willing participant in the crowd, watching scenes unfold before my eyes.

Recently, I finished reading Ottessa Moshfegh's *My Year of Rest and Relaxation*, expecting the same trope of societal suffocation. But I struggled to enjoy this book. Moshfegh's unnamed protagonist watches her world flood with

tragedy (her parents' death, a demeaning romance, an unfulfilling career), but she does not struggle to float—she bathes and basks in it. Instead of grappling with her problems, she avoids them. The story follows her hibernation attempts through pounds of sleeping medications prescribed by a ridiculous doctor.

Scene 1

PROTAGONIST

So I filled the prescriptions for things like Neuroproxin, Maxiphenphen, Valdignore, and Silencior…

While her witty and snide remarks carry the novel's sardonic tone, her lifelessness lends to a boring plot. The reader clings onto the sole entertainment: her annoying attitude.

Scene 2

PROTAGONIST

I took a cab home, filled the new prescriptions and refilled the old ones at Rite Aid, bought a pack of Skittles, and went home and ate the Skittles and a few leftover primidone and went back to sleep.

She maintains this elusive pride for using a myriad of medications, which she hides under a façade of simplicity and uncaringness. *Oh, whatever, I'll just pop another of this and another of that*, her tone conveys.

Scene 3

PROTAGONIST

I opened the medicine cabinet and took two Valiums and two Ativans, guzzled water from the tap.

Her drug use does not appear as dry swallows between sobs, or tear-soaked tablets gripped by a shaky hand. She is *casual, collected, intentional,* and because of this, frustrating. We have no collective witnessing of catharsis. She's quite happy to "rest" and "relax."

Am I an asshole for thinking that she's annoying? I criticize her for processing her depression this way, but must we always perform breakdowns in offices or spectacles on ledges? Despite her apathy for life, the reader understands that her abusive habits contribute to her meticulous plan to escape misery, despite her apparent pleasure in dosing away and dozing off. Our sympathy for her stems from her never-ending name-drops of drug after drug, each product of medical nomenclature eliciting solace. Perhaps the protagonist creates a physical manifestation of suffering others can see. These piles of pills are her proof of pain.

It's easier to doubt the truth of mental illness; we're witnessing a rise of self-diagnosis and incessant labelling, exaggerated expressions for emotions, and the pathologization of every touch of sadness. Also, mental illnesses fall under the category of *invisible disability*; it does not have a particularly tangible form, which makes it difficult to secure assistance. Prescription medication, however, seemingly resolves both of these: it possesses a physical form and the validation of a licensed psychiatrist, forcing one's pain into visibility.

With the scarce amount of attention society can afford for tragedy, people treat a person on prescription medicine with more serious regard than the unprescribed. The dominant biomedical model of mental health leads us to deem medication as not only a resolution, but a sign of legitimacy. A commercialized pharmaceutical industry pushes practitioners to increase the economic demand for

psychotropics through marketing. Thus, health care providers enlarge the diagnostic boundaries of disorder and pathologize all of human suffering.

Those struggling must validate their pain through medication. But this sparks an invalidation of those who do not use prescribed medication, as their severity of illness appears incomparable to those who need chemical alteration. Plenty have exercised their bragging rights over medication on social media, leading to a rise in the glamorization of mental illness. This, I believe, is what annoys me about Moshfegh's protagonist; the laundry lists of medication feel awfully reminiscent of people parading around with their pills.

It breeds unhealthy competition. For every time I cannot focus, my coworker reminds me that she needs Vyvanse to do so; for every time I am upset, my friend says only Prozac solves the problem. The trend of medicating hinders my permission to feel the full intensity of emotion, because I ought to remember that I am relatively fine compared to those with a certified diagnosis. Raw, individual suffering is ultimately diminished unless supported by its physical embodiment: the orange bottle.

ACT III

Reva was gone. I watched the videotape over and over to soothe myself that day. And I continue to watch it, usually on a lonely afternoon, or any other time I doubt that life is worth living…Each time I see the woman leap off the Seventy–eighth floor of the North Tower—one high-heeled shoe slipping off and hovering up over her…I am overcome by awe…not because Reva and I had been friends, or because I'll never see her again, but because she is beautiful. ***There she is, a human being, diving into the unknown, and she is wide awake.***

—Ottessa Moshfegh, *My Year of Rest and Relaxation*

Arthur Frank, a sociologist from the University of Calgary, recently came to Boston College to discuss polyphonic suffering within the context of Shakespeare's plays. He described suffering as a "space"; a physical location we arrive at. This space contains a multiplicity of voices; melodies roaming across a stage through different scenes that complicate the experience. "Suffering is always, and irrevocably, a mess," he says. The actors constantly affect each other into incoherence.

We should desire to leave this space. To persevere past suffering and escape that mess. To heal. To draw the curtains, turn off the spotlight, and leave the theater.

Yet why do we feel the need to witness the suffering of others to better understand our own? Is the stage play cathartic?

No matter how much exposure we have to pain, our individualized suffering feels like one big, stupid question mark. Even those professionally trained to help us end up botching the show. No script can prove that we truly understand each other.

No prescription can prove that one is ill enough to deserve care and attention. Processing the severity of suffering reaches no resolution, regardless of how many stories high you are.

Competitive suffering evokes a dangerous, masochistic pleasure. It wears a mask of empathy, and a disguise of diagnosis. "You are not alone" translates to "you are not as alone as I am."

I don't mean to villainize anyone, though. This competition does not come from malintent of the individual—it comes from a system that has succeeded in drawing profits from diagnosis rather than providing proper treatment. If the individual wishes to validate their suffering, they look to the person who has it better and reassures themself that they have it worse. We've reached a problematic

point in understanding mental illness: one is supposed to feel reassured of their own life's comforts so long as they can watch others jump off the ledge.

Society should never compare suffering in the first place. No more gold stars or Olympic medals awarded for pain. No Oscar for the best performance. Varied perspectives can create a shared and complicated experience, but to feel pain and emotion in any capacity? That is proof enough.

FADE OUT.

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