

NiemanStoryboard

STORY ANNOTATIONS

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Respecting the tortured voice and troubled choices of the mentally ill

Ellen Barry of The New York Times unspooled the heartbreaking consequences of no-great-choices for those in the mental health system

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Jaroslav Devia via Unsplash

By Chip Scanlan

The best narrative writers know they need not just to interview after the fact, but to observe in the moment. They want to be on the scene, where they see characters and action unfold in real place and real time, providing a less-filtered view of complexity and humanity. Policy and reframes take a back seat to lives as they are really lived.

Ellen Barry, who covers mental illness for The New York Times, immersed herself in the chaotic life of Andrey Shevelyov, a man with schizoaffective disorder who preferred living in a tent rather than taking psychiatric medications and living in a group home — a decision that has devastated his mother and stepfather. Barry read portions of Andrey's journals, watched the video journals he posted on social media and traveled across the country three times to spend time with him and his family in Vancouver, Washington.

"I wanted to be able to observe the inflection points," she told me. "Not just reconstruct them, but *describe* them. Luckily I was able to see a number of interactions between him and his mother that forcefully conveyed the pain and the tension."

Her work resulted in an intimate profile of **"The Man in Room 117,"** a 4,000-word tragedy that reveals a bitter truth about America's struggle to deal with some of its most troubled and vulnerable citizens. From the story:



As affordable apartments all but vanished in American cities, a whole tier of people with disabling mental illness were forced onto the street, where they now live in numbers large enough to disrupt civic life. Many of them are shunted into the criminal justice system (<https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>), only to return to homelessness upon their release.



Her story, published Jan. 29, 2024, spotlights the consequences of laws that let people with mental illness refuse treatment. State-by-state variations of those laws have been passed as an antidote to the longtime abuses and isolation of institutions. Those well-intended policies have led to unintended consequences: Often patients who decline medication, therapy or specialized housing end up on the streets or at the mercy of systems ill-equipped to help them.

Barry uses struggles faced by Andrey and his parents as a vehicle to explore the tensions around the laws. She frames the story during eight weeks in which Andrey was provided shelter in a hotel while he decides whether he will go back on medication. She weaves observed and reconstructed scenes of Andrey lost to his delusions and of his mother and stepfather who have reached a breaking point, dropping in brief sections of summary narrative that illuminate the bigger societal context.

Mindful of ethical concerns, Barry communicated with Andrey's parents, Sam and Olga, for two years before meeting Andrey and learning from him directly that he wanted to communicate his ideas and preferences, including his rejection of medications.

The story seems to take a positive turn when Andrey leaves his hotel room and agrees to medication and gets his own apartment, a move enabled by the changing attitudes and shifting resources to transform how the mentally ill are treated in the United States. The progress is short-lived.

(<https://niemanstoryboard.org/wp-content/uploads/2024/03/Screenshot-2024-03-21-at-7.18.01PM.png>) Barry is a 16-year veteran of The Times; she served as bureau chief in Delhi and Moscow, and was chief international correspondent based in London before returning to



the U.S. In each of those roles, she often wrote about “trauma, loss and how people manage upheaval.” She was a finalist for the 2019 Pulitzer Prize in feature writing

(<https://www.pulitzer.org/finalists/ellen-barry-new-york-times>) for her profile of a mysterious Indian prince, and on the team that won a 2011 Pulitzer in international reporting.

In an email interview with Nieman Storyboard, Barry talked about her reporting and writing style, advice for writers tackling the subject of mental illness and her epistolary relationship with her editor. The e-conversation has been edited for length and clarity, and is followed by an annotation of “The Man in Room 117.”

How did you come to write “The Man in Room 117”?

Sam Mintonye, Andrey’s stepfather, wrote a letter to my colleague Andy Newman (<https://www.nytimes.com/by/andy-newman>) two years ago, after he reported on a homeless man with mental illness who pushed a woman in front of a subway train, killing her. Andy couldn’t follow up because he works for the Metro section and the family was outside of New York so he sent the letter to me. I began corresponding with Sam and Andrey’s mother, Olga, who were at that time visiting Andrey in his tent, bringing him food and laundry. We corresponded and spoke occasionally for almost two years; I had no idea if there would ultimately be a story.

Why did you pursue the story?

The U.S. is revisiting our laws around involuntary psychiatric treatment, largely because the number of mentally ill homeless people has begun to interfere with civic life. Most remarkable is a shift on the left toward the view that it is not compassionate to allow someone with psychosis to live outside. I wanted to highlight the tensions inherent in the decision to medicate someone against their will, and how it painfully it divides families. Also, the more I understood about the absurd cycle Andrey was in, bouncing from homelessness to jail to involuntary treatment and back to homelessness, the more I wanted to draw attention to it. It is not a coherent policy, and it makes people sicker.

Andrey was a useful case to look at because, unlike many people living in tents in American

cities, he had a supportive family, education, a job and no addiction problem. If it were not for his mental illness, he would never have been homeless. That made it easier to look at the issue of involuntary treatment in isolation.

You spent years overseas for *The Times*. How does covering mental health issues compare with those assignments?

Mental health treatment is private, which can make it difficult to do what I like best: to watch things happen. And I no longer have the advantage of following news events, which I miss. But for the most part, the job of reporting is always fundamentally the same: You formulate a question, find a way to test it, report the hell out of it and, when you can't report any more, sit down to write. I've done so many beats, and there's always a steep learning curve as you get your arms around the subject matter. But reporting is reporting.

What advice would you give writers who tackle the subject of mental illness?

It's slow work; don't expect stories that fly onto the front page. But it's rewarding because so many families are living this reality and feel their experience is not represented in public forums.

What's the most important lesson you learned from reporting Andrey's story?

I spent a fair amount of time driving Andrey's mom to visit him because she does not have a driver's license. Early in my career, I would have been reluctant to do that because I might have seen it as getting too involved. But it made all the difference, driving around with her. It enriched my understanding, and brought me into the room when I needed to be there.

Were there books, articles or writers who inspire and influence your narrative nonfiction in general and specifically this story?

I reread Rachel Aviv's great story "[God Knows Where I Am](https://www.newyorker.com/magazine/2011/05/30/god-knows-where-i-am)," (<https://www.newyorker.com/magazine/2011/05/30/god-knows-where-i-am>) Stephanie McCrummen's haunting story "[Behind the Yellow Door](https://www.washingtonpost.com/national/behind-the-yellow-door-a-mans-mental-illness-worsens/2014/06/28/28bdfa9c-fbb5-11e3-b1f4-8e77c632c07b_story.html)," (https://www.washingtonpost.com/national/behind-the-yellow-door-a-mans-mental-illness-worsens/2014/06/28/28bdfa9c-fbb5-11e3-b1f4-8e77c632c07b_story.html) and Bob Kolker's writing about schizophrenia, especially "[Why Was Joshua Held for More Than Two Years For Someone Else's Crimes](https://www.nytimes.com/2022/07/26/magazine/joshua-spriestersbach-wrongful-incarceration.html)" (<https://www.nytimes.com/2022/07/26/magazine/joshua-spriestersbach-wrongful-incarceration.html>)?" I also like to read short stories to get a feeling for plotline and structure. I like Chekhov, because I think he is such a good reporter.

I noticed in the comments posted about your story that you engaged with readers, which, while not unheard of, has not been that usual for a *Times* reporter. Why did you engage in a dialogue with readers who commented on your story?

We are being encouraged to do this. Generally when I write about psychiatry the comments are fantastic — well-informed, reflective. On this one, so many of the comments were people telling stories about a family member and their agonizing efforts to keep them safe. I got letters for days and days. I can't get some of them out of my head.

What role did editors play in the process of reporting and writing the story?

I like to talk and talk and talk while I'm reporting. I wrote reporting memos every time I visited Andrey, in the form of a letter that I sent to my editor. There were about 10 of those by the end of the process. I put them all in a binder with my other notes and documents, and they helped enormously when I sat down to compress it all. Those memos helped me understand when a moment really landed, when my editor had a feeling in her stomach from a scene I described.

I'm sure I'm very annoying to edit because I'm needy. I like to talk a lot.

ANNOTATION: Storyboard's questions are in red; Barry's answers in blue. To read the story without annotations, click the HIDE ANNOTATIONS button in the right-hand menu of your monitor or at the top of your mobile screen.

The Man in Room 117

Andrey Sheveliov would rather live on the street than take antipsychotic medication. Should it be his decision to make?

By Ellen Barry

Jan. 28, 2024

ALONE WITH HIS MOTHER for the first time in almost a year, Andrey Sheveliov had a question: Could he come home? [ANNOTATION: Your lede feels like an invitation: I have something important, something interesting to tell you. How did you decide on it?] [ANNOTATION: This was my first lede. Then I threw it out and wrote a whole draft with a different lede. That didn't work, so I went back to the first lede. I needed the story to begin with action, to present the stakes immediately. I wanted it to plunge forward. I knew, as well, that the story would end with the scary scene between the two of them, Andrey and Olga, so I thought the two scenes would act like bookends.]

She sat beside him and stroked his head. The hotel room had a sour, rancid smell, and clothes lay mounded in a corner. His fingernails were long and curved and ridged with dirt. In jail, they cut off his hair, which had been matted and infested with lice. [ANNOTATION: Two things here.

First, smells are tripwires that explode in the brain, summoning forth memories. Yet too few writers employ them. You introduced one in the second graf. Why?] [ANNOTATION: Olga's tender gesture of stroking Andrey's head, against the squalor of the setting, treats him as if he were her perfect child. She treasures him. People who pass him as a homeless man may not see that. I felt it keenly, and I wanted the reader to feel it.] [ANNOTATION: Then the description of Andrey's physical state. How did you get it?] [ANNOTATION: He told her about the lice when they were discussing his haircut. The same description was in his medical records, which the family shared with me.]

Clean-shaven now, Andrey looked younger than his 31 years, like the gentle, artistic boy he had been before the psychosis

took hold. "Zaichik," his mother called him, a childhood nickname. Bunny rabbit. She pushed a strand of hair over his ear. He lay back on the bed and smiled, and a dimple appeared on his cheek.

"I like living with you also," said Olga Mintonye, but it was not an honest answer.

Three years ago, when he stopped taking his antipsychotic medication, her son withdrew into delusions, erupting in unpredictable and menacing outbursts. Fearful of being evicted from their apartment, she and her husband, Sam, sought a no-contact order to keep Andrey away.

Since then, he had lived in a tent, wandering Vancouver, Wash., in ragged clothing and carrying machetes for protection. Twice, he had been in jail, ranting in his cell about the C.I.A. Three times, he was confined to psychiatric hospitals, where guards wrestled him down so he

could be injected with antipsychotics.

Now they were together in Room 117 in a budget hotel overlooking the interstate. The county had allotted \$8,400 to house him temporarily, as part of an effort by the state to divert the stream of severely mentally ill people from the criminal justice system. It was enough to keep him in the Red Lion Inn for eight weeks.

Before the money ran out, Andrey had to make a choice: Would he accept that he needed treatment, as his parents hoped, and move into a group home? Or would he go back to living in a tent? Was there another way?

[ANNOTATION: Your prose is taut. Were there drafts that were longer?] [ANNOTATION: Yes, the second draft was about 1,000 words longer. But I really wanted action to drive the piece forward, as in a short story. I resist whole sections of B-matter because they slow down the story.]

These are questions challenging the whole country. As affordable apartments all but vanished in American cities, a whole tier of people with disabling mental illness were forced onto the street, where they now live in numbers large enough to disrupt civic life. Many of them are shunted into the criminal justice system (<https://bjs.ojp.gov/content/pub/pdf/imhprpj1112.pdf>), only to return to homelessness upon their release.

In an effort to interrupt this cycle, many communities are expanding involuntary treatment, a practice the country repudiated decades ago. Patient rights groups warn that forced treatment alone will never work — that in the absence of a robust social support system, it only feeds people with mental illness back into the circuit of catch-and-release. Better to persuade them to accept treatment. [ANNOTATION: Is this the story's nut graf? Where do you stand on pulling out of a narrative with some version of a nut?] [ANNOTATION: I fight against them, I feel like they slow down the story. For 30 years, I have had great editors who remind me that readers need to know why we're asking them to read something of this length, and usually they are right. These paragraphs were originally farther down, woven into the plotline, and the opening section was pure action.]

So, in this precious window of time, Olga would try.

“What’s next?” she asked her son. [ANNOTATION: You’ve injected foreshadowing of a structure that will follow Andrey and his mother for eight weeks. How did you settle on this approach?] [ANNOTATION: The fact that he had a limited time to make a decision gave me the tension I needed. It gave structure to the reporting. At the outset I thought there was a decent chance he would return to living in a tent, which is what he said he wanted to do.]

She had offered him clothes, a hot meal, books to read, but he didn’t want those things. All he wanted was to sleep on her couch for a little while.

“I won’t get in the way,” he said, now pleading.

This was the problem, she told him: He scared people. At one point, convinced that she and Sam, his stepfather, were body doubles remote-controlled by the C.I.A., he smashed the rear window of their car with a flagpole, and they called 911.

“You sort of,” she said carefully, “have an idea that your behavior was inappropriate.”

She gulped and just said it: “Some medications do help. You have that condition, that medical condition, that has to be addressed.” [ANNOTATION: Dialogue drives many scenes in the story. How do you capture it?]

[ANNOTATION: I try to record everything, all the time; earlier in my career I trusted my note-taking more. Fortunately AI makes transcribing much easier.]

Andrey knew this was coming, and he had an answer. He did not accept the diagnosis of schizoaffective disorder, or that his thoughts were delusions. If it was a choice between taking medication and living outside, he would choose outside.

Still, he wanted to be near her, so he looked for a compromise. “There are a lot of forested areas outside where we live,” he said. “I could set up a tent.”

“Set up a tent,” Olga repeated dully. She was standing by the ironing board, and she began to cry. [ANNOTATION: How much more happened in this scene? Why did you end it here?] [ANNOTATION: I thought this set the stakes for the decision that would play out over the next weeks. They both want a way to be together so badly. The illness is separating them, and puts them both in danger.]

Into the woods

Up until his mid-20s, Andrey could blend in with the stoner bohemians of the Pacific Northwest.

In high school, he was a bright, if lazy, student, with a tight group of friends who were all avid gamers like him. After he graduated, Sam and Olga hoped he would go on to college for art or music, but didn’t push. They both worked as stage hands, with good union jobs, and he seemed eager to do the same.

Then things unraveled. His roommates kicked him out, and he moved to the couch in Sam and Olga’s one-bedroom apartment in Vancouver. At work, there began to be “incidents,” odd and threatening behavior that upset his co-workers. Sam and Olga made him an appointment with a therapist.

At first, he was open to treatment, his medical records show. “I feel like I’m driving my friends away,” he told a therapist in 2018, when he was 26. [ANNOTATION: What’s your source for this?] [

ANNOTATION: Andrey’s parents had Power of Attorney and shared his records with me. This was critical, because I wanted to demonstrate that he was repeatedly forcibly medicated against his will, stabilized and then released to homelessness. Andrey knew I had his records because we spoke about what I found in them, and he did not seem disturbed by it.] [ANNOTATION: What was important to him was that I make it clear that he did not accept the diagnosis or medication — that he felt that his psychiatric treatment was inhumane. I was careful to include these points. I would also note that Andrey believed my presence helped him get services, like the apartment. So that was a motivation for him.]

“I used to be able to talk to people,” he said. “Now they’re not interested.” [ANNOTATION: Did Andrey have to give permission to access his medical records? If so, were there ethical questions raised by his mental competence to make that decision?] [ANNOTATION: See above; He knew I had read them because I asked him many questions about what I found, but I did not ask his permission. As far as his competence, he was considered competent to decide whether he needed or wanted medical treatment. He was judged competent to stand trial. Those are pretty important benchmarks. He had lots to say about psychiatric treatment; I thought he deserved the chance to say it.]

In that session, he told the therapist about the family tragedy, a reservoir of pain he had walled off for years. When he was 8, he watched his twin sister, Sasha, drown in a duck pond in a neighbor’s yard. The children were alone. He had tried to save her. “I’ve thought about it to exhaustion,” he said. “I’ve incorporated her into these stories I make up.”

No one knows what causes schizoaffective disorder, the diagnosis he eventually received. [

ANNOTATION: You introduce the challenge of diagnosis at the exact time that a person without such knowledge might wonder, as I did, whether the tragedy he experienced as a child might be behind his mental illness. Why was it important to do so?] [ANNOTATION: Initially I did not address it here. But consistently, when I asked people I respected to read it, they raised the question of whether this trauma contributed to his disease. The idea of trauma activating existing genetic vulnerabilities is very alive right now.]

For decades, scientists sought an answer in individual genes, only to conclude that hundreds, if not thousands, of genes are most likely involved, and that genes only set the stage. Other things must happen to trigger the disease; research studies implicate infections (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3035534/>), cannabis use (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6386176/>) and childhood trauma (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6448042/>), the kind of stress that leaves an imprint on the brain.

To his parents, there was no mystery. Sasha's death had changed everything. "It's obviously the trigger," said Sam.

In journals, which his family shared, Andrey described "evil thoughts and voices" that accused him of killing his sister. "I'm guessing these voices are meant to drive me insane or kill myself or something I would never do," he wrote. "I'm writing this to try to convince the people messing with me to stop. So, can you all stop? Pretty please."

The therapist diagnosed him with schizotypal personality disorder and recommended "intervention to prevent further deterioration." But, she added in her notes, "client states he is not interested in psychiatric medication at this time." [ANNOTATION: What method do you use to find a focus that enabled you to decide what to use in your story and what to leave out?] [ANNOTATION: I had about 500 pages of medical records from various hospitalizations. I used almost nothing in the end, and I had to fight a bit to preserve what I used from the records. But I think the language of medical records is so revealing, sometimes chilling and depersonalized. It really helped me understand what he was going through when he was confined.]

A few months later, Sam and Ola took him to an emergency room, and doctors sent him home with a prescription for Zyprexa, an antipsychotic.

For the next two years, Andrey took the pills, but he hated how they made him feel.

This is not unusual; antipsychotic medications are deeply flawed (<https://www.nytimes.com/2023/06/02/opinion/compulsory-mental-health-care-medication.html?searchResultPosition=4>), with side effects that are themselves disabling. They slow cognition, flatten the experience of pleasure and lower energy. They can cause ravenous hunger, leading to major weight gain. [ANNOTATION: The economy of your prose is impressive. How did you boil down this information into a 61-word paragraph?] [ANNOTATION: I did a long interview with a woman who has written very compellingly about taking Zyprexa and other antipsychotics. As outsiders, it's so easy to say, "You should just take this," without fully understanding the cost of the treatment to the individual. Yes, there was a ton of compressing, through this whole section. It was like taking a fine tooth comb and combing through the draft, again and again. Removing nits.]

Andrey says he stopped taking the medication because it caused erectile dysfunction. No physician determined whether this was the case, and his reasons quickly became beside the point. Things became so chaotic in the small apartment that in December 2020, Sam and Olga asked him to check into a hotel.

When the hotel kicked him out, he set up a tent in a wooded area near Pearson Field Airport, on the north bank of the Columbia River. Video journals that he recorded on his phone show him with tangled hair, surrounded by trash, rambling about underground vaults and sex traffickers. He would perform “shamanic dances” at the end of the runway, and sometimes the pilots would dip their wings at him when they took off. He seemed happy.

He was also sometimes scary. In one video, he tries to force his way into an apartment building, claiming he must rescue a porn star who is being held hostage. When residents call the police, he gets right in a male officer’s face. “Have you ever raped before?” he calls out insistently, filming the officer with his phone. “Sir, are you a rapist?”

The officer, exasperated, writes him a ticket. Still in scrubs from a recent hospitalization, Andrey wanders away, screaming, again and again, “Genocide Hindu Indians!”

‘Locked up like a rat’

[ANNOTATION: Who wrote the sub-heads?] [ANNOTATION: Me! I love sub-heads. They have a kind of special atomic weight to them.

]

Andrey had entered the circuit. In Washington State, as in most of the country, the choice of whether to accept treatment for psychosis rests substantially in the hands of the individual. A 1975 Supreme Court decision (<https://caselaw.findlaw.com/court/us-supreme-court/422/563.html>) set the bar for involuntary treatment high, ruling that people who pose no danger and are “capable of surviving safely in freedom” cannot be confined to a psychiatric hospital against their will. [ANNOTATION: How much research did you have to do to be able to write with such authority?]

[ANNOTATION: I spoke to a couple legal experts when I was putting together these sentences — one law professor and a legal director of a policy think tank. I became very interested in the 1975 Donaldson case, and read Kenneth Donaldson’s biography. It shocked me how easy it was to confine people prior to the Supreme Court decision.]

If a person faces serious criminal charges, however, the right to refuse treatment is almost entirely swept away, because, according to a 1960 Supreme Court decision (<https://www.oyez.org/cases/1959/504%20MISC>), adjudicating a mentally incompetent person is a violation of constitutional rights. So at this point, people like Andrey can be forcibly medicated, judged and released, after which they are once again free to refuse treatment.

Andrey’s medical records chronicle this nonsensical pattern. He “feels he is being lied to and being kept against his will,” read the intake notes from his first involuntary hospitalization, which began four months after he stopped taking medication. “Why do you guys keep me locked up like a rat?” he asked his doctor on Day 5. [ANNOTATION: Why was it important to be specific about

the day of treatment?] [ANNOTATION: I thought it was revealing that, repeatedly, his responses seem to change after several days on antipsychotic medication. He is less aggressive, calmer, more self-aware.]

With the court-ordered treatment, that changed. “The patient,” the doctor wrote on Day 12, was “agreeable to Zyprexa.” He was also counting the days until his release. “It’s great here,” he told the doctor, “but I’d rather be homeless.”

Within a year, he was back in a psychiatric ward, diverted there after smashing his parents’ windshield and landing in jail. [ANNOTATION: Why did you make that big jump in time here?] [ANNOTATION: This section was cut significantly, I had to argue to preserve material from the medical records. It felt most important to demonstrate beyond any doubt the pattern that emerged as he was repeatedly confined, treated and released.]

“After patient was medicated, he then spit on staff face,” wrote a nurse at Cascade Behavioral Health Hospital, where he stayed for about a month.

For a second time, he was medicated against his will and cleared for release, though discharge notes sum up his progress as “no change.” When staff offered him help finding housing, Andrey “expressed that he would like to be homeless when he discharges.” Staff obligingly dropped Andrey at a shelter, and he returned to living in a tent.

Six months later, Andrey was in jail for threatening a grocery store clerk. Tell me about the use of [ANNOTATION: Tell me about the use of time for transitions in this piece?] [ANNOTATION: The solutions provided by the system were not durable. Andrey ended up back in the tent; he ended up back in jail. Hospitals kept discharging him, knowing full well that would be the result. I suppose I thought the reader should have to suffer the monotony of repetition, because that is the way our system is designed.]

“Mr. Shevelyov was not wearing clothing and not consistently wearing clothing,” wrote the psychologist sent to his cell to assess his competency. “Mr. Shevelyov’s jail-issued clothing was in his toilet, which he explained was because ‘I was protesting war criminals illegally holding me.’” [ANNOTATION: Did the story raise any concerns about invasion of privacy?] [ANNOTATION: Yes, we had to weigh the social utility of describing the way this system works against the difficulty for Andrey, Sam and Olga to have all this appear in public.]

Deemed incompetent, he was sent to a state psychiatric hospital. “He vehemently denies having a mental illness and adamantly refuses to take medication,” wrote the admitting doctor. This stay was more violent. Once, after grabbing a nurse’s arms, he was bound to a bed with five-point restraints, with straps around his waist, each ankle and each wrist.

After two weeks of forced medication, however, Andrey “presented as calmer,” assuring staff that his theories were just his “active imagination.” When he was discharged, his mental status was given as “W.N.L.,” which stands for “within normal limits.”

He was returned to jail to await trial. The prosecutor, eager to clear this penny-ante case, agreed to release him if he pleaded guilty to a misdemeanor. He was released and dropped off at the Red Lion, a free man. [ANNOTATION: The story of Andrey, his mother and his stepfather is so sad. How did it affect you?] [ANNOTATION: Good question. I think I’m still recovering.]

Andrey had always been frank about his intentions. Asked by a doctor to describe his short-term plans, he said, “I am ready to leave and start my new life as a homeless dude.” Asked if he would continue taking medications, he said, “Depends if I have to.”

A visit from a friend

One afternoon, about three weeks after Andrey left jail, a woman with closely shaved blond hair knocked on the window of his room at the Red Lion.

Andrey’s friends had dropped away as he got sicker, his conversation a fire hose of paranoia and fantasy. But not Courtney Ryser Lewis — she stuck like a burr. [ANNOTATION: How did you come up with this analogy?] [ANNOTATION: I don’t know. She was just so stubbornly loyal.]

Courtney was a free spirit, her forearms wrapped in tattoos, but she was also the earnest child of evangelical Christian missionaries.

When Sam and Olga told her Andrey was being released, Courtney offered to speak to him about accepting treatment. They had a short time to get through to him, she felt, while he still had traces of medication in his system from jail. “I’ve got the most — I don’t know if this is the right word — the most sway,” she said. By then, Andrey had settled in. Buzzing with ideas, he had resumed recording video diaries, sometimes for hours a day. He had spent \$665 on dozens of heavy-duty pencil pouches, which he was fashioning into a suit of body armor. “I’m, like, the happiest dude ever,” he said. [ANNOTATION: How much time did you spend with Andrey to gain enough

material for your story?] [ANNOTATION: I made three trips to Vancouver, and each time I visited him two or three times, usually for a few hours.] [ANNOTATION: How do you decide to stop reporting and start writing? Do you write during the reporting process?] [ANNOTATION: I wrote reporting memos to my editor during the process, and those yielded most of the action in the story. They were very useful. We had initially agreed I would just follow Andrey through his time at the Red Lion. When he moved, suddenly, to the new apartment, it felt like a kind of ending, that he would now retreat into his own space. I hung out with him and his mother while he was moving in, and when she slipped out while he was yelling at his laptop I definitely had a feeling of an ending. A friend of mine used to say the ending should “snap shut like a purse.” I had that feeling.]

His parents prodded him to think about the future, reminding him that he would have to leave the hotel in a few weeks. Andrey was in no hurry. He had said no to a spot in an “adult family home,” something his case manager offered, and refused visits from a PACT team, which provides intensive services for mentally ill people living independently.

He felt he had options: If the caseworker couldn’t find an apartment that suited him, he could always pick up a tent for \$40. “If I have to live outside to avoid pharmaceutical garbage,” he said, “I would do that.”

When Andrey opened the door, Courtney took it all in — the smell, his dazed look. She was so nervous that she had written down her arguments on a piece of paper. [ANNOTATION: Were you present for this scene?] [ANNOTATION: No, but Courtney made an audio recording.]

She tried to explain how he appeared to his friends. How, after he began living in a tent, it was as if he had dropped off the face of the earth. Andrey was stung by this. His response was bitter, sarcastic.

“All I was working on was saving the world,” he said.

“You were not,” Courtney said. “What changed?”

This offended him. One of his videos had prompted the U.S. military to withdraw from Afghanistan, he said.

“No one’s going to listen to you, Andrey,” his friend said.

“Why?”

“Because you’re not sane,” she said.

“What?” he said.

She repeated it. “You’re not sane.”

“I’m trying to be honest with you,” she added, “because I’m your best friend.”

Andrey’s response was icy. They weren’t best friends, or even friends. “We’ve never done anything together,” he said. “There is basically not any memories there.”

Courtney saw him, for a moment, as a stranger would.

She left the room midsentence, without saying goodbye. [ANNOTATION: Could you describe your writing and revision process?] [ANNOTATION: I write from beginning to end, very chronologically. I write in chunks, try to do 500-1000 words a day. Every time I sit down to write, I go through all the preceding text, usually making small changes and trims. By the time I finish with a draft, I know it very well.]

‘It’s like a bomb went off’

Sam, Andrey’s stepfather, understood. After eight years of trying to get through to Andrey, he, too, had reached some kind of limit.

At the beginning, Sam studied motivational interviewing, a type of counseling that aims to elicit behavior change gently and gradually. He and Andrey went together to meetings of the Hearing Voices Network, a peer support network for people who experience hallucinations.

But the more he coaxed Andrey to acknowledge that he had a mental illness, the more Andrey lashed out. The stress in the household became so intolerable that Sam briefly checked himself into a psychiatric hospital.

Sometimes Sam felt he was wrestling with the disease, trying to haul Andrey back from a remote, dark space. “It’s almost like an entity that defends itself,” he said. “It’s trying to completely take him over.” [ANNOTATION: You paraphrase Sam’s story here, alternating with his comments. Why?] [ANNOTATION: Sam wasn’t in my first draft — only Olga and Courtney. The reason for that is that Sam was not physically present; he had moved back east. So while I had spoken to him for many hours, more than to Olga and Andrey, he was not present. An editor encouraged me to add him, because he is another person who loves Andrey but ultimately needed to distance himself. It made sense to show each of them distancing themselves — first Courtney, then Sam, and at the end, Olga.]

Kim Schneiderman, the executive director of Vancouver’s regional chapter of the National Alliance on Mental Illness, urged Sam and Olga to scale back their expectations. If a person is refusing treatment, but poses no immediate danger, she said, “there is no way to get them help at all.” [ANNOTATION: How many people did you interview?] [ANNOTATION: Maybe 20 or 25? But I knew most of those interviews would not appear in the final story.]

When this sinks in, “parents give up,” she said. “They just quit having any interaction with them.” Sam and Olga would not give up, she thought, but she advised them to get some distance so that Andrey was not at the center of their lives.

Friends had given Sam similar advice. Tom Sangrey, a close friend since middle school, said years had passed before he could say it plainly: You can’t help him if it ruins your mental health, if it ruins your marriage.

“It’s like a virus,” he said. “It affects everyone it touches. It’s like a bomb went off in the family.” [ANNOTATION: This is such a powerful quote, summing up the effect of serious mental illness. How did you get it?] [ANNOTATION: Oof, yes. I interviewed several close friends of the family, assuming I would not quote them, but this phrase really stuck to me. I kept trying to cut it and then putting it back. It was haunting.]

Finally, in October 2022, Sam drove back east to stay with his mother. He had not really distanced himself; he and Olga spoke on the phone every day, sometimes for hours. He spent his days writing emails about Andrey’s situation to prosecutors, city officials, newspaper reporters, anyone he thought might help.

But he wouldn't be going to see Andrey in that dark, cluttered room. The only person left to do that was Olga.

Housing or medication?

Sam and Olga had concluded that only involuntary treatment could break the cycle for Andrey — something open-ended, combining long-term injectable medications with intensive therapy and counseling.

They are part of a a much larger ideological shift taking place (<https://www.nytimes.com/2022/12/11/health/fuller-torrey-psychosis-commitment.html>), as communities grope for ways to manage ballooning homeless populations. California, one of the first states to turn away from involuntary treatment, has passed new laws expanding it. New York has made a billion-dollar investment (<https://www.nytimes.com/2023/01/10/nyregion/hochul-mental-health-plan.html?smid=nytcore-ios-share&referringSource=articleShare>) in residential housing, psychiatric beds and wraparound services. [ANNOTATION: The story shifts from dramatic narrative to summaries of background information. What is your intent when you alternate between these sections?] [ANNOTATION: This is the heart of the policy dilemma, but I didn't want to lard up the action at the beginning of the story, so I'm trying to slip it in here, when the reader is already plunging forward.]

Sam had staked his hopes on Washington's new involuntary treatment law (<https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bill%20Reports/House/1773%20HBR%20CRJ%2022.pdf>), and found it maddening that this fall, when Andrey was released, the new system was not yet active. His frustration was often directed toward civil rights advocates who oppose forced treatment.

"They have an agenda, but the agenda is not to help him," he said. "Their agenda is to let him just be crazy. Whether that includes violence, assaults, living in degradation, living in his own filth, starving, eating moldy food. That is his right."

One day, as he made his rounds of phone calls, Sam found himself debating Kimberly Mosolf, director of the treatment facilities program at the nonprofit organization Disability Rights Washington.

She laid out her case: Forcing someone like Andrey to take medication again would backfire, leaving him more resistant to treatment, not less.

She pointed to data from the Seattle area (<https://digitalcommons.law.uw.edu/cgi/viewcontent.cgi?article=5235&context=wlr>), which showed that almost a quarter of people compelled to take medication had been forced to do so more than three times before. Seven percent of them had been forced 10 times or more.

"We are looking at a churning effect," she said. "These periods of brief incarceration, brief civil commitment, they are destabilizing. That is what the data tells us." [ANNOTATION: How do you know these details of the conversation Sam had with her?] [ANNOTATION: Both she and Sam described the conversation.]

She advised a gentler, slower way forward. If Andrey got permanent housing, with no strings attached, outreach workers could build a rapport and gradually broach the subject of medication. This approach, known in the policy world as "housing first," has emerged as the

primary strategy ([https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30371-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30371-2/fulltext)) for addressing homelessness in American cities, allowing officials to chip away at tent encampments without encroaching on civil liberties.

This was the path that opened to Andrey.

He got the call on a chilly, gray day at the end of November. He was in his room, recording a torrent of new ideas — that his mother had been inseminated with Joseph Stalin’s sperm, that the government had planted a bomb in his brain and detonated it. The front desk called to say his caseworker had come to visit. She had great news. [ANNOTATION: Were you present?] [ANNOTATION:

Yes. But she asked me to go away while they talked.]

The local housing authority was offering him a one-bedroom at Central Park Place, a low-income apartment building on the grounds of Vancouver’s Veterans Affairs hospital. The residents there were mostly veterans, but rooms were also set aside for people with mental illnesses. The rent was \$590 a month, and could be covered by his disability check.

This placement solved several problems at once. He would no longer be at risk of freezing to death, or jamming up the courts, or frightening pedestrians. For the caseworkers, it was a rare triumph. And for Andrey, it meant that the pressure was off: He had a safe place to live that was not contingent on taking medication.

On the December morning when she arrived at the hotel to help him move, Olga was surprised to find him awake, his possessions packed away in six bags, itching to go. All that morning, he seemed like a different person — alert, motivated, funny. He charmed the manager at the apartment building, which was clean and bright, festooned with Christmas decorations. [

ANNOTATION: How did you manage to be present for such pivotal moments?] [ANNOTATION: When I found out he was moving I immediately went to Vancouver, since I knew I wanted to capture that scene. I just dropped everything.]

He signed forms promising not to punch the walls, start fires, or smoke in the unit. The building manager asked him, apologetically, to indicate what should be done with his belongings “if something should happen.”

He blinked. “You mean, if I’m dead?”

She nodded. There was a small, awkward silence.

“Damn, dude!” he said, and everyone in the room cracked up.

“Bury me with my stuff!” he cried jubilantly.

They laughed again. Then the building manager, with a ceremonial flourish, presented him with a set of keys on a blue fob.

Beside the other residents, men in their 60s and 70s, Andrey seemed vigorous and charismatic, overloaded with the natural gifts of youth. His apartment was tiny but pristine, with a window looking out on a roadway drenched in sunshine. He walked his caseworker to the elevator bank and posed for a commemorative photo.

Then the door closed, and he was in the small room with his mother.

Behind the door

Cross-legged on his twin bed, Andrey began to talk. Switching on the camera on his laptop, he spoke about Nazis, George Bush, lunar men, Sandy Hook, Jeffrey Epstein, rape slaves, war crimes, lobotomies, LSD, the Yakuza, nanobots, the spirit world, underground vaults, genocide, the C.I.A.

“My plan for myself is, as fast as possible, be a world leader,” he said.

He understood that people might see him as lonely, here in this tiny room, but it wasn't like that. “It feels like my sister's soul is still in my body,” he said. “Like our souls fused, basically.” He felt less and less need for outside relationships. “I'm basically hunting the most dangerous men in the world,” he said. “And that isn't the best time to have civilian friendships.” [

ANNOTATION: Who is he talking to?] [ANNOTATION: Me.]

Olga had been uneasy all day. She had seen Andrey withdraw before, disappearing into psychosis. The windfall of the apartment, she worried, might be setting them all up for another failure — even, possibly, putting them in danger. As Andrey spoke for 15 minutes, then an hour, Olga futzed around, folding clothes and unwrapping cleaning products. Anxiety radiated off her in waves.

When she interrupted, trying to get him to focus on practical matters, he turned on her.

“Mom, listen to me,” he roared. “Stop thinking you're in charge of me! I'm a tactical genius who saved the world!”

The outburst was loud enough to disturb his new neighbors, she warned him, but it was as if he didn't hear her.

“OK,” Olga said. “I'm leaving now.”

“Stop talking to me, I aren't talking to you,” he yelled. “I'm a 31-year-old man who saved the world a dozen times!”

Then he turned his attention back to the camera on his laptop. She wondered whether to say goodbye, but he seemed unaware of her presence. She slipped out the door, and he didn't even look up. [ANNOTATION: What's the approach that let's you capture such intimate moments?] [ANNOTATION: I hung out for long

periods. A lot of it I didn't use. But regularly, when they were together, Andrey and Olga would get into some kind of argument, just as I do with my mom. So I began to understand that this was the spine of the story, and I had to listen for it.]

He had been in the apartment for almost a month when the building manager spoke to Sam and Olga: Andrey was screaming during quiet hours, and some of the other men were afraid of him. When the manager knocked on the door, he didn't answer.

It was evident, in his videos, that he was rapidly losing weight; his collarbones and cheekbones angled out. “I don't feel hunger and I barely eat food whatsoever” is the way he put it. Sometimes, in the past, Andrey had feared his food was poisoned. So Olga stopped by, and the first thing she saw was the food she had brought him in a trash can.

“What is this?” she asked. He lunged at her, screaming. She tried to leave, and he blocked the door. She managed to get around him, and then she was in the hallway, shaking.

This marked a limit for Olga — she who had delivered his laundry, neatly folded, to his tent in the woods. On the phone with Sam, she finally made the promise: She would not visit Andrey alone again.

The two of them talked about buying a house in upstate New York, resuming their married life, leaving behind the scene of all that pain.

Andrey remained in the fortress of his apartment. Over the intercom, he answered the questions of caseworkers and crisis response teams who had been called to the scene, but he refused their requests to enter.

If an eviction was in his future, it was weeks or months away, so he could carry on with his work, reviewing plans to arrest the leadership of the C.I.A. and oversee a war crimes tribunal. “Did you see that spirit in the background?” he asked the camera. A team of brave men was coming to join him, he said. All he had to do was wait.

One thing, though — he missed his mother. He spoke about her, his “truest love,” in his video journals that night, after he lunged at her. The message he wanted to get through was that she needed protection.

“I’m so sorry,” he said. “We weren’t there to save her. We did everything we could.” [

ANNOTATION: This is so wrenching. Of all the places you probably could have ended this story, how did you decide on this one?] [

ANNOTATION: It broke my heart. He’s saying, my mother needs protection. Unspoken is that she may need protection from him. I think this is one of the saddest stories I’ve ever written.]

* * *

Chip Scanlan is an award-winning writer who taught at the Poynter Institute and now coaches writers around the world. He is the author of several books on writing and the newsletter *Chip’s Writing Lessons*.

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