

By James Keown May 29, 2025

Content Warning: The following writing discusses suicide and mental health challenges that some readers may find triggering or disturbing.

My mother told me a story once of the day she almost died as a child. She fell into a deep patch of water in a pond on her family's small South Carolina farm. Mom recounted how she panicked and flailed for what felt like forever until she could no longer keep her head above water. As she slid slowly into the deep, she said a warm calm came over her. A quiet voice told her that everything would be okay. Mom could vividly remember that warm feeling, but said she had no memory of water filling her body as she sank. She closed her eyes and allowed the warmth to wrap around her like a tight blanket. The next thing my mother could remember was her father's giant farmer's hands ripping her back up through the water. One of my aunts had heard Mom's cries before she went under and rushed to their father for help. Grandpa saved Mom at the last possible moment by her telling.

This past Sunday morning, I found myself drowning in the dysfunction of prison life. For more than a month, I had experienced some dips in my mental health, but nothing that led me to believe that my temporary mood drops were nothing more than a small amplification of my diagnosed depression that was well-treated through medication and therapy. That all changed abruptly on Sunday.

Even though I am a permanent resident in one the DOC's nursing home units, I, along with other residents, are required to get our medications from the general population medication lines. The med lines are two windows in a small room no bigger than three parking spaces front-to-back. Most of the residents in my unit require wheelchairs, so we easily fill the space.

On Sunday morning, the sergeant responsible for calling us to medication forgot that he needed to do so before general population could begin medication. When he remembered that we existed and called for us, I was the first one out the door. I encountered a group of people from general population already in line getting their medication. I cued up best I could, parking my wheelchair next to the end of the line. Behind me, other residents came through the door until our wheelchairs created a bottleneck that backed up through the doorway and into a hallway of the medical building.

Tempers soon flared. "Get out of my f-ing way," one man in a wheelchair shouted at another man in a wheelchair who had inexplicably parked in the middle of the room. As bickering increased, I looked toward the door and noticed a worker pushing a giant metal food cart. The cart filled the doorway forcing us all to press tighter together and voices grew angrier. I had been thrust into a perfect storm of chaos. Guys from population on my left began snapping at the guys in wheelchairs on my right. As voices raised and the scene turned more and more confusing, the two officers standing at the medication windows simply looked at each other, the ceiling, and the floor; but never once sought to control the escalating madness.

Without warning, my fight-or-flight instinct kicked in. As a person who is severally disabled, I have no ability to defend myself through fight, so I took flight. The food cart pressing forward created a space at the door where I could make a retreat back to my cell. Once I arrived at my cell, I closed the door. My heart was beating with heavy thuds that seemed to rumble through my neck. My temples were piercing hot and my head was awash with a sensation of pulsing electricity. My breaths were short and fast. Then no breath at all. Then short and fast again.

I focused on my breathing first since I require supplemental oxygen at all times. I began taking slow deep breaths to attempt to calm myself. My chest was burning with pain and my diaphragm felt as if I had been stabbed. I leaned forward in my wheelchair and tried to center myself. Soon, I could feel my heart slow a bit and my breathing return to normal. The swirl of feelings rushing from my brain, however, did not calm. The feelings just churned and churned.

I didn't return to the medication line to get my morning meds. By early afternoon, the lack of medication mixed with my percolating anxiety to make me feel as if my head and chest were going to explode. The feeling should not have been a surprise given that one of the meds I missed was one that controls a heart condition I have that cardiologists cannot correct surgically because the neurological disorder I also have makes the procedure too risky. Another med I missed was one that regulates my unstable blood pressure that has a tendency to swing from dangerously high to dangerously low. While another med I missed, I have since learned, can be deadly if stopped cold.

My physical and mental health condition deteriorated to a point where I thought I was having a stroke, but I didn't say anything about the possible emergency because I was ready for this to all be over. I was ready to be done with the daily dysfunction, dehumanization and lack of any discernable dignity. I was ready to die.

When you live in an environment that strips you of all control, you reach for any

control you can find -- good or bad. Some are able to carve out small bits of control in their institutional work assignments or rehabilitation programs. Others turn to illicit actions and substances to feel an element of control. My advocacy work, tutoring, and mentoring have long been functions where I felt I had some element of positive control. Changes in my medical condition and department ideology, however, have caused me to lose my ability to engage in most activities. In losing these connections, I have lost most of the remaining feelings of control, of agency, in my life.

As I felt as if I might be dying, I took comfort in the fact that it was my choice. It was my choice not to scramble for assistance. It was my choice not to seek help from people who traumatize me. It was my choice to stop fighting.

What I couldn't see in the moment was how my so-called choice was being heavily influenced by a mind full of frustrations, but empty of medications. I was fully convinced that I would much rather die than continue to live in total dysfunction that is driven by punitive thinking, a lack of positive management, and a disregard to investing in the health, safety, and success of incarcerated people. To my disappointment, I did not have a stroke and my symptoms relaxed a little later in the day. I held firm in my resolve not to leave the safety and solitude of my cell.

On Sunday evening, after I missed my afternoon meds, I drafted a simple list. The list noted what I felt were areas contributing to the dysfunction that surrounds me. The list documents the varied ways the medical unit is not safe to live in and should be shuttered with residents moved into supervision under medical parole. It also includes items that go to the core of the prison's culture, such as allowing security staff to retaliate against individuals who raise issues and allowing them to break core rules of their code of conduct and department regulations. And it includes the prison's unwillingness to collaborate in good faith with incarcerated people to address challenges. I shared the list with a couple people I trust and informed them to hold people accountable if I didn't make it.

On Monday, I woke early to a painful migraine. The sharp pain clenched my skull from the base of the back of my head up to my temples. It felt like someone with needles for fingers was squeezing my head with both of their hands, trying to crack my head like a giant egg. I felt sick to my stomach, but I had little to lose since I stopped eating as well on Sunday. I curled up as best I could under my covers and prayed again to die; to succumb to the host ailments that have forced me to live in a medical unit for more than four years in which I am becoming more and more alienated from so many of the things that have given me the strength to fight on.

Sometime late Monday, the pain in my head turned down enough that I could sit up. I

transferred to my wheelchair and began organizing papers and folders stacked on a table in my cell. Without any conscious thought to do so, I shifted to packing things away and taking down all the personal pictures and quotes that decorated my cell. I struggled with a poster on a wall that had been hung by one of the medical companions who work in the unit. Unable to stand, I couldn't reach some of the tape and tried to coax the poster free with my hands that barely work on good days. The poster seemed to fight back against me and refused to budge. The frustration of the stuck poster interrupted my mental march toward my inevitable end. The block allowed me to reset somewhat and take an assessment of my actions. "What am I doing?" I asked myself. I let go of the end of the poster and slouched back into my wheelchair, feeling defeated by both the poster and my own emotions.

Tuesday morning, I again skipped my meds. but I also asked a nurse to send a message to my mental health clinician. I met with my clinician, Melissa, later that day. I unpacked all of the above and much more. We discussed how my missing my medications had contributed to my escalating feelings. We also talked about how I had been in a space similar to this before and overcome it. We discussed my purpose. We talked about inching forward.

Everything was not solved in our session. This is reality after all and not a TV show where everything is neatly tied up in 30 minutes. I did leave the session feeling better for being able to share my frustrations and to understand some of the root causes of my breakdown. Importantly, I left with a simple action plan that started with me taking my meds.

Tuesday night, I took my meds. I took a shower. A companion helped me shave. And, I made a small meal. By the end of the night, I took stock of my inching forward and celebrated with a chocolate candy bar. I went to bed and continued inching forward the next morning.

The journey from last Sunday to today has not been perfect because I am not perfect -- far from it. I am a work in progress. I can find that to be frustrating at times when I want to do better; to be better. But if I allow myself to reflect honestly on being a work in progress, I am actually thankful. Being a work in progress means that I am investing in improvements and upgrades rather than being satisfied with how I am today.

I share my story because one way incarcerated people can experience dignity is by ending the stigma around mental health. While during my recent episode, I hoped my dying might be a sacrifice that drew attention to the many faults of the prison system, the better sacrifice I can make is surrendering my ego, so we can have an honest

conversation about mental health and the traumas caused by incarceration.

My mother's story of almost drowning came to me last night as I was reflecting on the day. For many years, I could not understand the warm feeling she experienced as she drifted deeper into the pond. I understand now. I felt a similar feeling as I prayed for all this pain to end. There was an intoxicating warmth to letting go. But the blurred lines of intoxication are not reality. Rather, it is reality through a very distorted lens. Like my mother, I am also thankful beyond words to the hands that reached in to save me. Those hands included a nurse, a correctional officer, and a mental health clinician who all could see I was drowning and helped pull me back to shore.

I am doing better today; not great -- not yet. I am no less frustrated about the dysfunction that surrounds me, but I am better equipped today to navigate the dysfunction and attempt to change elements for the better. Many of those elements, I have little or no control over and must rely on partners to help foster change. I am glad I am still here to help make things better; to help myself to be better.
