

THE MYSTERY OF THE DISAPPEARING CITY: DEPICTIONS OF DISABILITY
AND MENTAL ILLNESS IN JOE MENO'S *THE BOY DETECTIVE FAILS*

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CHAPTER I

INTRODUCTION

Disability studies arose out of the Disability Rights and Independent Living movements of the early 1970s. With origins in social constructionism and Marxist theory, disability studies exposed the ways in which the medical model treats people with disabilities like subjects fixed within a View-Master. Utilizing Foucault's idea of "dividing practices," in which scientific discourse is used to segregate certain individuals, disability scholars attributed this immobilizing effect to the medical model's implication that disability leaves the body in a permanently incapacitated state. In response, the social model of disability was developed in order to stress how social barriers, not the disability itself, imprisons. People with mental disorders and intellectual disabilities, in particular, feel these barriers acutely since they are often viewed to be devoid of reason. In literature, people with disabilities are usually bit players who serve as a metaphorical device. This opportunist portrayal is termed as "narrative prosthesis" (Mitchell and Snyder 205). These characters are never shown to be in control of their lives, they only siphon chaos. However, to restore order within the narrative, they are "reigned" in, commonly in the form of institutionalization. It is this inevitable end in confinement that I want to explore in Joe Meno's *The Boy Detective Fails* (2006), and disability theory is the best lens in which to explore such confinement, since it examines the social stigmatizations that lead to this paralysis. In Meno's work, the protagonist, Billy Argo, is

a formerly renowned child detective who suffers a breakdown after his younger sister's suicide. After ten years at a mental institution, Billy is sent to an assisted living residence, Shady Glens, where he receives pharmacological treatment in the form of antidepressants. Coupled with Caroline's suicide, Billy's former celebrity as a child sleuth and the impossible expectations attached to such a role, lead him to develop an assortment of anxiety-induced behaviors and an irrational fear of failure. The treatment he receives, a combined therapeutic approach involving both cognitive-behavioral and drug therapy, are portrayed in ways that privilege the therapist/client dynamic. While cognitive-behavioral scenes are marked by a flourish of activity, Meno's depiction of pharmacological treatment in *The Boy Detective Fails*, focuses on the immobilizing effects of psychotropic medications. Meno portrays Billy, as well as other prescription-dependent characters, as suspended in their own desolation, and their medications only work to sustain this suspension.

Meno's dual critique of the immobilizing effects of drug therapy and the static characterizations found in classic juvenile detective fiction provide a sound foundation for using disability theory in order to assess Meno's argument. Referring to the detective genre, Nicola Allen, in her essay "'The Perfect Hero for His Age': Christopher Boone and the Role of Logic in the Boy Detective Narrative," comments on the genre's ability "to create a narrative space for previously marginalized or untold perspectives" (171). Meno creates such a space in his work by highlighting the absence of marginalized voices in classic juvenile detective fiction, and detective fiction in general. Meno compares the genre's static cutouts, producing such iconic roles as the Hardy Boys, with characters such as Billy, who serve as a present day cutout—a narcotized byproduct of today's

overmedicalized society. Playing with the genre's static portrayals and the usually static depictions of disability in literature, Meno subverts these examples of narrative prosthesis by drawing characters, who exhibit both agency and high levels of perception. The only adults attributed mobility in Meno's work are those whom narratives often stifle.

Characters who are suspended in an arrested state serve as an indictment on the "universal disorder" trend in current psychiatric care. According to Lennard Davis, "universal disorders" refers to knee-jerk diagnoses of various mental disorders without proper consultations, and the overprescription of psychiatric medications as sole treatment (Davis 339). Meno utilizes a number of devices in order to illustrate this connection between problematic panaceas with stasis. For example, Meno incorporates magical realism in his delineation of the city of Gotham, New Jersey, in which the able-bodied characters literally disappear within the narrative. And with this in mind, I will argue how Meno creates a world that slyly mirrors our own—a world in which the disabled also "dys-appear" (Colin Barnes 71).

Chapter One examines Meno's subversion of "narrative prosthesis." For example, disabled characters are often sidelined in literature, popping up in pivotal moments in order to provide comical relief or they serve as manifestations of corruption. However, in Meno's work, the able-bodied characters are the ones who embody corruption. The able-bodied characters' literal disappearances within the text—in some cases limb by limb—represent the figurative phasing out of the disabled in literature. Advocating inclusion rather than isolation, Meno places importance on close relationships. The fact that intellectual disability and mental illness are displayed as communal rather than as a

singularity challenges the common portrayal of the disabled as divorced from their community. Therefore, Meno undermines another layer of alienation.

Chapter Two focuses on Billy's reliance on prescription drugs as well as other characters' dependencies. This dependency creates a stasis that differs from the usual depiction of various types of "medication" used in detective fiction, in which they are used as either identifiers or tools to progress their cases. Psychotropic medications, instead of adjusting maladaptive behaviors, inhibits Billy's detective skills. And this proves detrimental for Billy whose identity is so closely tied with detective work. The chapter will also explore Meno's critique on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Chapter Three compares the types of therapy presented in the novel, as well as look at ways in which cognitive-behavioral and drug therapy are depicted in other detective works, such as, Mark Haddon's *The Curious Incident of the Dog in the Night-Time*. The chapter will argue that character progression in Meno's work happens through a series of therapist/patient meetings, which resemble the standard interrogation scenes found in the detective genre. These scenes are marked by rapidity and Billy's growing frustration as his therapist fires a series of hard-hitting questions. It is only through these therapy sessions and the process of detection itself that force the protagonist to deal with his assorted anxieties.

While the thesis focuses primarily on Meno's work, I also include examples of drug therapy from other detective fiction works, such as Raymond Chandler's *The Long Goodbye* and *The Big Sleep*, Dashiell Hammett's *The Maltese Falcon* and *The Thin Man*, as well as several Sherlock Holmes stories from Sir Arthur Conan Doyle. The thesis will

also provide an overview of how disability and mental illness have been depicted in literature through different historical periods, and how various contemporary works have deviated from these portrayals.

CHAPTER II

THE VISIBILITY OF THE DISABLED IN A DISAPPEARING WORLD: DEPICTIONS OF DISABILITY AND MENTAL ILLNESS IN JOE MENO'S *THE BOY DETECTIVE FAILS*

The term “narrative prosthesis” is used to describe the “perpetual discursive dependency upon disability” by either depicting a disabled character as a “stock feature of characterization,” or as a metaphorical device (Davis 205). In *The Boy Detective Fails*, Meno avoids this opportunistic dependency through his more nuanced portrayals of disability and by having the work’s small able-bodied community serve as physical manifestations of underlying societal problems. For example, able-bodied individuals serve as either fringe characters who refuse to speak, or ones who literally disappear through the course of the novel. These depictions illustrate the city of Gotham’s extreme alienation—an alienation that obfuscates to the point at which individuals are oblivious to their city’s gradual disappearance. But by using the text’s few able-bodied characters to represent this isolation, Meno also offers a contrast to the ways in which disabled characters tend to “dys-appear” in both society and literature (Barnes 71).

One of the principal examples of how Meno upends a common disability trope can be found through his portrayal of disabled villains. The “villains” who reside in

Shady Glens, Professor Golum, Mr. Pluto, and Mr. Lunt, do not exist in order to provide the text with one-dimensional embodiments of evil, but to mirror Billy's own unhealthy adherence to the past. Professor Von Golum, who has progressive dementia, best exemplifies this characteristic since his memories of his past glory days as the leader of the Gotham City Gang are often interwoven with his present day conversations with Billy. While riding the bus together, Von Golum states, "We demand this bus take us directly to the Gotham City Bank, and, we also demand the combination to the Gotham City safe" (120). When Billy reminds the Professor that the City Gang no longer exists, the Professor grabs Billy's hand and asks, "Oh God, where are we going," and repeats "I'd just like to know where I'm supposed to be going" (120-121). This leads Billy to rummage through Von Golum's pocket and discover a note attached to a vial of acid. The note reads "Today: go to store, buy acid, kill boy detective" (120-121). No longer able to fulfill his role as "evil scientist," Von Golum's current state serves to parallel how Billy has also outgrown his former persona. The emphasis is thus focused on Von Golum's hopelessness at the realization that he can no longer perform what he was designed to do. But that is Meno's intention, to have the characters arrive at a state in which they realize their former lives were simply a part in a narrowly defined narrative. Tobin Siebers in his work *Disability Theory* notes: "Disability seems to provide an example of the extreme instability of identity" (71). Not only does Professor Von Golum's dementia illustrate the evolution of his identity as Billy's arch nemesis to that of his present day condition, but it highlights the rigidity of his former identity as that of a person whose sole purpose *was* to fill that role of arch foe.

Von Golum's reshaped role from the archetypal "evil scientist" into a sort of antihero motivates Billy to take more of an active role in his rehabilitation. During Billy's lowest point, he thinks, "Without death, there is hardly any threat strong enough to truly appreciate human life" (262). He then takes his last dose of antidepressants and returns to his room where he finds a note from the Professor. Von Golum writes, "I have deduced that it is the unknown which, in the end, sustains Life and since I am so nearing the termination of my own, I have decided to embark on one final adventure" (263). The note then self-destructs in a miasma of phosphorous smoke. Lennard Davis comments on how "disabled people are rarely depicted on television, in films, or in fiction as being in control of their own lives—in charge or actively seeking out and obtaining what they want or need" (168). However, it is Von Golum's agency that galvanizes Billy to reassert control and finally take the steps needed in order to evaluate his sister's suicide. After returning from a walk with Mr. Pluto later that day, Billy decides to ditch his bottle of Ativan and "face the world of mystery now on his own" (265). A disabled character thus becomes an impetus for positive change without the narrative ending with the result of the character overcoming their disability. Billy never "defeats" his nervous ticks, but learns to live without the fear of failing everyone with his perceived deficiencies (95).

With an unspecified cognitive disorder, the former notorious bank robber, Mr. Lunt, also serves as a mirror for Billy, since Mr. Lunt is unable to escape his past. Mr. Lunt, haunted by unexplained nightmares, often rouses Billy with shouts of "Phantoms, Phantoms" (66). These predawn torments are particularly troubling for Billy, who also suffers from nightmares involving Caroline, and their dreams are often sequential. For

example, right before Mr. Lunt wakes up Billy with shouts of “Phantoms,” Billy dreams that Caroline was crying at the bottom of a cave, calling for help (186). As with Professor Von Golum, this connection with Mr. Lunt establishes a relationship between a former criminal and Billy. Playing with the strict separation between the boy sleuth protagonist and the narrative’s villain who exists “only to disrupt the social order and then be detained,” Meno depicts Billy’s gradual identification with his fellow Shady Glen residents (Cornelius 10). Billy and Mr. Lunt’s identities are linked further once the solution to Mr. Lunt’s riddle is revealed. Before passing away, Mr. Lunt imparts the secret to his “treasure” in the form of a riddle. Billy follows the clues until he stumbles upon a note written by the nine-year-old Howard Lunt, “President of the League of Amateur Whodunit Enthusiasts” (326). The note directs whoever happens to stumble upon it to leave it for the next detective to discover. The lines between detective and antagonist thus blur by the end of the narrative.

In a novel about society’s failure to forge genuine connections, the close attachments formed between the text’s disabled characters contrasts with literary and filmic representations of the disabled as solitary. In *Images of Idiocy: The Idiot Figure in Modern Fiction and Film*, Martin Halliwell states that “given how most films intend an ‘able-bodied point of view,’ the result is often the special treatment of the disabled character that enhances their isolation and ‘otherness’ by reducing them to objectification of pity, fear, and scorn” (16). And even in contemporary literature disabled characters are often isolated individuals. For example, while the portrayal of the autistic young detective, Christopher Boone, in Mark Haddon’s *The Curious Incident of the Dog in the Night-Time* is a more nuanced look at disability, he is very much isolated from others.

Haddon insinuates, through Christopher's success at navigating London's jarring cityscape, that he should not be sequestered. However, the one troubling aspect of the work's look at disability is Christopher's view and isolation from other people with mental illnesses and intellectual disability. For example, Christopher ascertains how he is "not a spazzer" like his schoolmate Francis (26). He differentiates further between himself and the other students at his school, stating, "all the other children at my school is stupid" (44). The distinction Christopher draws suggests a hierarchy, which is also espoused by Billy who at first separates himself from whom he deems "the other lunatics" only to later befriend Mr. Pluto (181). Billy's shared characteristics with fellow residents and his eventual friendship with Mr. Pluto, the intellectually disabled former "strongman," depict a bond that is not usually shown in media representations of the disabled.

The character of Mr. Pluto encompasses many disability stereotypes; he is large, abnormally strong, and even has a background in the circus. However, as the narrative progresses, the reader is treated to Mr. Pluto's more complex perspective on the world. When Billy spots him at Shady Glens, he describes him in mythic terms, reminiscent of a ringleader introducing his troupe. The "Amazing Pluto!," who long ago was "convicted of several vault heists," is described as a "large, bald-headed behemoth of a man" (47). In Shawn Philips' work, "The Most Dangerous Deviants in America: Why the Disabled Are Depicted as Deranged Killers" he discusses the tropes of the physically and intellectually disabled in literary and filmic horror narratives. He states that disabled deviants are "portrayed as near superhuman in strength, immune to pain, and nearly immortal" (64). And Billy, still living in his former boy sleuth world, in which these traits are also

exhibited, can only acknowledge this magnificent, but superficially drawn persona, so the sight of Mr. Pluto's "incomprehensible mumbling" and docile nature are jarring enough to the point to which Billy writes Mr. Pluto off as "most definitely mad" (47). After being introduced to Mr. Pluto, Billy decides that Shady Glens "is just as he imagines it to be" (48). In this scene, Meno connects the flat characteristics of boy detectives with that of the disabled's own narrowly drawn quirks. On the surface, Mr. Pluto is at once an apotheosis of both the strong goon from juvenile detective narratives and the "very large" literary intellectually disabled villain who "lacks a decent education" and "misses strong parental guidance" (Halliwell 22). Meno highlights the link between these two essentially identical interpretations in order to delineate a more nuanced portrayal of disability, while forcing Billy to acknowledge how his former acquaintances were simply caricatures.

Mr. Pluto's reflective view on acts of evil serve to contrast the nihilistic opinions posed by Professor Von Golum and counter Billy's own depressive nature. While Mr. Pluto's intimidating physical presence might be used to "symbolize the unspoken source of deviant behavior," he holds a more complex role as mediator between two extreme perspectives (Philips 64). Mr. Pluto mediates between Professor Von Golum's anarchist views and the world of the boy detective in which wrongs are always righted. When Billy asks the Professor his view on evil, Von Golum says, "The natural world is full of disorder and so, by our flawed definition, the natural world is evil" (132). He goes on to state how "to do harm, to live through evil, is to align oneself with chaos, but it is that same chaos which is slowly destroying me" (133). Mr. Pluto, while not the embodiment of purity, relates a different viewpoint. After Billy unsuccessfully tries to convince local bullies to hand over a stolen bike, Mr. Pluto confiscates the bike in order to present it to

Billy later. As he hands over the bike to Billy, he says, ‘An act of evil is the death of wonder’ (91). What methods Mr. Pluto used to extract the bike are left unknown, but for Billy the beginning of a relationship with Mr. Pluto offers a bridge between his old world in which every evil act received prompt retribution and the world of chaos Von Golum advances in which Billy now feels immersed.

The depiction of Billy’s former foes deviates from contemporary portrayals of disability. Aside from recent filmic works, such as the latest James Bond film, *Skyfall*, in which Javier Bardem’s character reveals that it is M’s betrayal and his subsequent disfigurement that engendered his anarchic acts, contemporary literature also still utilizes a simplified mnemonic system for its villains. In Jo Nesbo’s *The Snowman*, detective Harry Hole discovers the identity of Oslo’s latest serial killer when Mathias, a doctor his ex-girlfriend is currently dating, reveals that instead of nipples, “the skin just continued, white and unbroken” (403). Detective Hole then connects the link between each victim—a spousal affair—with Mathias’ troubled obsession with a man who his mother had once slept with and who shared the same progressive disease, Raynaud’s phenomenon. When describing the disease to one of his victims, Mathias states the level of deterioration, and how “it’s like your face is stiffening into a mask” (434). Playing with the image of the masked villain, Nesbo’s villain’s “mask” also serves as a signifier to an audience familiar with the association between congenital abnormalities and deviance found in literature and film. While characters such as Mr. Pluto, with his abnormally large form, fit this role, Mr. Pluto proves to be one of the most upright figures in the novel.

In *The Boy Detective Fails*, one of the more apparent subversions of common disability archetypes relates to the novel’s use of mentally ill and disabled characters as

key figures. Instead of supplying the fringe role, or an “anomaly that inaugurates the exceptional tale,” Meno’s able-bodied characters are the ones who remain on the periphery, emerging with pithy comments when necessary (Davis 209). For example, the appearances of Larry--Billy Argo’s non-disabled co-worker—are brief and serve to set up small mysteries which Billy easily solves. Posing as a lowly employee, Larry is actually revealed to be Mr. Mammoth, the company’s elusive and criminal boss. Referring to his previous disguise, Mr. Mammoth asks Billy, “More than ten years of that, masquerading as a nobody—can you imagine” (281). Mr. Mammoth’s time spent acting as a salesperson mirrors the ten years Billy spent in St. Vitus’ mental institution, and thus his comment connects what Mr. Mammoth perceives as a drone position—a salesperson—with that of Billy’s stint at St. Vitus. The implication that Billy was “posing as a nobody” at St. Vitus hints at Billy’s acceptance of medication as a way to ameliorate his compulsive tendencies rather than embracing the idiosyncrasies which aid his detective work. Mr. Mammoth’s role as a former criminal serves as an equivalent to a fringe disabled character whose purpose is to represent a physical manifestation of “cultural deviance” within the text (Davis 209). In this case, Mr. Mammoth’s longstanding successful disguise hints at a populace whose extreme self-isolation has blinded them.

Relegating the non-disabled to the margins of the narrative also plays with the rigid formula of juvenile detective fiction, since in that form only fringe characters exhibited perceived imperfections. In Meno’s work, it is the former, seemingly flawless child detectives who are now defective, and fulfill the sidelined roles of sidekicks and immoral characters. Their brief appearances throughout the novel only serve to illustrate how the incredible expectations of their adolescent personas have driven them to become

the type of person they had once pursued, the fringe characters who were allowed faults. For example, Violet Dew, Billy's female counterpart, now works for whomever is willing to hire her, even established criminals. Hoping to discover details behind the disappearances in Gotham, Billy crashes a meeting conducted by the town's most notorious villains. At the Convocation of Evil, he runs into Violet Dew, once considered "the smartest girl in the world," who was "hired to run interference and make sure no one interrupts this meeting" (124-125). Violet, like Billy, has retained the same look since childhood. When Billy comments on how Violet's hair has not changed, she replies, "I'm in a rut" (124). And Meno implies that this fixed state has corrupted them. When asked why Violet has chosen to help their former adversaries, she says "I'm not in a position to turn away much work these days" (125). Meno insinuates that Violet's turn from stalwart crime-fighter to apathetic collaborator is inevitable in a genre that does not allow for any perceived deficiencies.

Another fringe character debilitated by his past triumphs, Detective Browning, echoes Billy's own identity crisis. Cornelius states that "in many ways, boy detectives are nothing more, and nothing less than what their names suggest, and this single facet of their identity has proven key to both their commercial and generic success" (4). Detective Browning, having both a muddied appearance and psyche, certainly fits Cornelius' description. Hoping to extract information on a crime organization, Billy approaches his former ally, Detective Browning, who now works as a "security guard at a particularly pathetic strip club," and his "bright blue uniform is replaced by a dull maroon windbreaker" (110). Like Billy, who "practices his strange detective words at night," Detective Browning spends nights obsessing over his public persona after he had saved a

boy from drowning (95). He admits, that he ““would drive around at night, alone, and look for somebody to save”” (111). Detective Browning’s admission draws attention to how all of Meno’s parodies of classic sleuths struggle with the infallibility expected from their public image, and what results is a group completely disenchanted and who now believe in the inevitable corruptibility of others.

The immobilization of the novel’s former juvenile sleuths shifts the perception that identities of impaired characters are static to one that explores how the sleuths’ understood perfection is what has led to their abeyance. Billy, who even wears the same blue cardigan and owl tie from his childhood, is immobilized through his fear of failure. In *The Boy Detective Fails*, Meno marks Billy’s first failure to solve a case through revealing how Billy’s “uniform” is now stained (145). After Billy naively believes that the two young men will simply admit to having stolen a child’s bike if he does not show fear, his nose starts to bleed. The blood runs “copiously down the side of his face, dripping down the front of his blue sweater, irreparably staining it” (90). While Meno suggests that Billy cannot mature without an eventual admission that failure is possible and healthy, he also upends societal ideals, which promulgate an unceasing drive for perfection. Siebers applies this desire for perfection to the body. He states how “we hardly ever consider how incongruous is this understanding of the body—that the body seems both inconsequential and perfectible” (7). Billy represents a similar paradox in which he is the first to point out that people always make mistakes, always leave clues behind, yet his life has been free from error. Once his former infallibility falters, Billy retreats inside himself and starts to echo the bleak views of his peers. His stained

cardigan serves as a reminder of how, in order to discover the reasons behind Caroline's suicide, Billy needs to let go of his fear of falling short and shed his former image.

As for the novel's main protagonist, Billy Argo deviates from other interpretations of mentally ill detectives, since his world lacks the strict separation from the intellectually disabled and mentally ill with the non-disabled. For example, in Haddon's *The Curious Incident of the Dog in the Night-Time*, the 15-year-old autistic protagonist, Christopher Boone, resides in a clearly separate space—his school—designed to “shelter him from the pain and confusion of the outside world” (Allen 176). Thus, when he explores outside his safe haven, troubles arise, but he ultimately proves to be far more capable than his family and peers first assumed. However, Meno does not pose such distinctly defined worlds. Disabled characters are not confined to separate spheres but permeate the text outside of Shady Glens. Some of the most intriguing scenes involve Billy's interactions with his archenemy, Professor Von Golum, usually while on the bus. The Professor's advancing dementia causes him to lose focus on his long-time goal of destroying Billy, but their more lucid conversations always occur outside Shady Glens. The portrait of mental illness and intellectual disability then becomes a much more realistic one that reflects how at least six percent of America's population are intellectually disabled and nearly ten percent have some type of severe mental illness (NAMI and NIMI). Siebers comments on how disability in literature often “symbolizes not a suffering group but one person in his or her entirety” (45). With Meno's depiction of the disabled as a more prominent group which moves in the same spheres, the town of Gotham comes to mirror our own diverse populace.

The pervasive use of disabled characters as key figures in *The Boy Detective Fails* only serves to highlight scenes, which illustrate how these characters are still marginalized within the town of Gotham, New Jersey. For example, the location of Billy's residence, the Shady Glens Facility for Mental Competence, delineates how mental facilities are often situated on the outskirts of cities or in rural locations. Even in today's trend of deinstitutionalization—the breaking up of a single mental health facility into smaller, more centrally situated units—urban planners still seek to “locate facilities at decent spatial intervals so as not to ‘tread on the toes’ of neighboring establishments” (Philo 76-77). The reader is invited to find Shady Glens “past the shadowy green river; past the statue of an armless man astride a bronze horse; beyond the small white houses and narrow gray streets to the end of a gruesome cul-de-sac” and “the lane hidden among the smokestacks of the town's remaining factories” (35). Like the city park dedicated to “the founding father whose name has long been lost” Shady Glens' own title lacks distinction. It is a building that reflects the state of its inhabitants—inhabitants who are intentionally blotted out from the rest of society. But the state of Shady Glens is not a singular example of dereliction, but a part of a broader problem within Gotham. The geographical marginalization of the residents at Shady Glens then exemplifies a more complex use of othering, since the other--Shady Glens and its residents--does not solely embody thematic corruption, but serves as one example of a wider spread problem.

The mother of Gus and Effie Mumford, neighboring children whom Billy befriends, also addresses this spatial segregation between Shady Glens and the rest of Gotham. Her accent on the spatial divide between the two parties is at once symbolic of

her assumption that Billy must be predatory. When Billy approaches the Mumford children, Effie responds “We are not allowed to be alone with you anymore” (105). She goes on to state how her mother warned them that Billy “might be a psychopath” due to the fact that he is “a resident across the street” and is probably lying about being a real detective (105). When Billy protests that he is indeed a real detective and that if he solved the case of who decapitated the Mumford’s pet rabbit, their mother would then think differently of him. Effie responds, “Maybe, but probably not” (105). This scene exhibits how certain spaces, ones influenced by bombardments of negative images from film and literature, affect the way their residents are viewed. Not only does Gus and Effie’s mother allude to the stereotype of the violent mental ward resident, but she also insinuates that the spatial barrier plays a part in forming this conclusion. While Shady Glens is painted as a stifling environment for Billy, it is not given the wholly negative ascription applied to mental health residencies found in other literary works. Instead of depicting Shady Glens as an “oppressive social institution,” Meno implies that it is the spatial divide between the facility and the outside community that exacerbates prejudice (Lupack 2). In “Across the Water: Reviewing Geographical Studies of Asylums and Other Mental Health Facilities,” Chris Philo comments on Smith and Hanham’s research, which suggests “that proximity to an existing facility, and hence familiarity with a facility and its users, may lead residents living in the ‘hospital neighborhood’ to be more tolerant of the facility and its users than are residents living further away” (76). And Meno explores this correlation as Billy’s prolonged intimacy with the Mumford children leads to their mother’s eventual admittance that “she is glad he is out there watching over the children” (210).

In *The Boy Detective Fails*, the invisibility of able-bodied characters mimics the historical attenuation of the intellectually disabled and mentally ill in society. In *Disability Studies Today*, Colin Barnes notes how “discrimination is built into the everyday world in such a way that impaired bodies ‘dys-appear’” (71). Since the emergence of industrial capitalism in Britain of the late eighteenth century, “people with impairments began to systematically be excluded from direct involvement in economic activity” (Barnes 46). During Britain’s reform movement in the 1840s, asylums were constructed in order to house the intellectually disabled and those with mental disorders, and it was not until the antipsychiatry movement of the 1960s that these institutions were critically examined. Philo notes how “care of the mentally ill historically has been characterized not so much as a process of treatment and rehabilitation as it has been a process of social isolation and exclusion” (79). And while progress has been made in destigmatizing disability, there are still pervasive acts of discrimination. For example, Kimberly White draws comparisons of Canada’s recent anti-graffiti campaign to its attempt to dispel negative connotations attached to mental illness in its 2010 “Opening Minds” campaign. While the goal behind the Mental Health Commission of Canada’s “Opening Minds” campaign was to present positive portraits of disability, White points out how these portraits came to mirror Canada’s previous beatification campaign in which only acceptable murals were allowed to be painted. Similarly, the “Opening Minds” and “Let’s Talk” initiatives only depicted narratives involving moments of triumph and overcoming one’s disability. White notes the problem of their human-to-face strategy:

The human-to-face strategy aims to promote sameness/universality, predictability, and rationality in order to eradicate stigma and change public perceptions, not through programs of social *reform* or a politics of rights, inclusion and diversity, but by transforming the appearance of mental illness to look more like *us* and less like the madness we fear. (228)

Thus, people who do not fit into the category of desiring rehabilitation are ignored.

Meno addresses this disregard of the disabled through his able-bodied characters, in which their literal disappearance is greeted with indifference. One such figure is Eric Quimby, Billy's co-worker, who shows Billy his missing leg. After seeing "only empty space," Billy assures Quimby that it must "be a medical condition," but Quimby is convinced that it is "something more sinister" (163). Not wanting to confront the possibility of another cause, Billy neglects to press Quimby for further details. After discovering only remnants of Quimby's clothing at his desk, Billy notices a message in Quimby's coat pocket, which reads, "Ignore what you think you now know" (166). Billy does choose to ignore Quimby's situation, and it is not until he glances at Quimby's desk, and notices that his placard "has been mysteriously changed" to now read Penelope Anders, does Billy investigate further. While Billy's hesitation regarding Quimby's plight results from his fear "of the inevitable world of mystery," and its various dangers, Meno links that fear of the unknown with physical impairment (43). The state of Quimby's disappearance, limb-by-limb, horrifies Billy, since it represents a lurking danger Billy is determined not to face. The indifference shown towards Quimby's situation serves as an example of what Barnes describes as "the process whereby the impaired body-as-subject-

in the process is objectified, and thus experiences itself as an awkward presence” and “taken for granted by most people in most situations,” which “becomes a palpable factor in social encounters only when attention is drawn to it” (71). Quimby’s quick replacement, without any allusion that he had even existed, highlights this societal eradication.

As with Quimby’s mysterious disappearance, invisibility is linked with scientific rhetoric. Billy’s knee-jerk diagnosis that Quimby’s missing leg must be due to a “medical condition” sets up a parallel between Quimby’s situation and how medicalization negates the role of social construction in disability. By focusing on the potential medical remedy of Quimby’s missing leg, Billy deliberately ignores other possible causes. Meno associates Billy’s faith in a medical solution with his fear of ‘not knowing the answer to something’ (188). During a conversation with a client, Billy reveals this to be his greatest fear, and Meno connects Billy’s desire to find verifiable solutions with the current fetishization of science. Billy’s answer to Quimby’s problem echoes Billy’s own diagnosis, which at the time, he equated to “a highly scientific guessing game” (43). Billy is now espousing the same nebulous diagnosis to others. Scientific rhetoric is also used to explain the process behind the town’s disappearances. When Billy confronts the masked ringleader responsible for the vanishings, she states, “Using a totally scientific approach, we are fashioning a world free of puzzling personal relationships” to the extent to which “the mysterious, bewildering nature of love is thus made predictable, tempered, and pleasing” (207). Satirizing the current saturation of scientific language, Meno constructs a world that he implies mirrors our own society—a society in which love is now scientifically deconstructed.

The town's indifferent reactions to the numerous disappearances are linked with both society's apathetic feelings for the disabled and a collective depression. As is the case with Quimby, in which he was soon forgotten and replaced, the Shady Glens Facility for Mental Competence represents a forgotten establishment within Gotham. The facility is introduced after the plural first-person account, which states, "We live in a town that is disappearing, and worse, like the buildings, our hope is gone and we are no longer surprised by anything" (35). Following this admission, Shady Glens is first described as "hidden among the smokestacks of the town's remaining factories" (35). Immediately connected with the disappearances in Gotham, the intellectually disabled and mentally ill residents housed in Shady Glens are also associated with a murkiness invoked by the gloomy descriptions of their residence's surroundings. Erected on the periphery of Gotham, unnoticed by anyone, Shady Glens is not even important enough to have caught the attention of the town's villains, and therefore still stands. In "Definitions and Locations: Magical Realism Between Modern and Postmodern Fiction" Wendy Faris states:

In magical realism, reality's outrageousness is often underscored because ordinary people react to magical events in recognizable and sometimes also in disturbing ways, a circumstance that normalizes the magical event but also defamiliarizes, underlines, or critiques extraordinary aspects of the real. (13)

The apathetic reactions from Gotham's townspeople towards magical events such as buildings disappearing highlight the lack of concern implied through Quimby's quick

replacement. The absurdity thus stems not from the magical event but from the level of alienation of Gotham's residents.

Gotham's collective depression caused by this extreme alienation is best illustrated through a series of scenes involving the city bus. The novel's first bus scene positions Billy in a film of cigarette smoke, or as he dubs it, "a sentient cloud of gray infirmity" (68). The experience is so disorienting for Billy that after fixating on the various petty arguments of the other bus riders, he comments, "It is as if we are adrift in a glowing asylum hurtling through the darkness of space and there is absolutely no escape" (68). Billy continues to address the other riders collectively, grouping them by a debilitating sense of despair. Without attributing individual characteristics, Billy notices how "everyone's hair looks wet and misplaced" (149). And even the newspaper headlines "are somewhat different but still somewhat the same" (149). He continues, saying, "someone has called someone else a liar. Someone has made a new movie. Another building in town has disappeared without reason" (149). Billy's last observation coheres this lack of distinction and general malaise with the town's disappearances. Referring to negative images of disability in literature, Snyder and Mitchell state the "importance of plots that emphasize individual isolation as the overriding component of a disabled life" (19). It is interesting how, in Meno's work, the disabled characters, such as Mr. Pluto, continuously strive to forge human connections, while the general able-bodied populace are described with institutional language. The people of Gotham suffers from a similar isolation, as Snyder and Mitchell describe, which stems from their failure to form attachments and their indistinguishable characteristics from one another.

Meno also connects the invisibility of non-disabled characters with corruption. In the case of Gus Mumford, the nine-year-old boy the detective Billy Argo befriends, it is his invisibility among his peers that determines his identity as the violent, school bully. This relationship is implied in the character's introduction, in which his teacher, Miss Gale, who after noticing Gus' raised hand, "rolled her eyes" and "called upon Missy Blackworth instead" (37). Gus then reflects on how "he does not want to be the third grade bully, and yet he is" (38). Meno chooses to establish the character through this interaction, or lack thereof, implying that this intentional lack of acknowledgement marks his identity. The connection is further explored after Gus loses the only friend he has made during the year: "It is that day that nearly every third grader in the world gets crippled" (199). This line not only reinforces the dynamic between Gus' acts of cruelty and his lack of intimacy, but the language suggests a universal application. Since Gus is the only one to take notice when his friend fails to show up to class, the widespread violence implied stems from one's isolation in society—a theme Meno examines throughout the novel. The corruption symbolized through Gus' character is offset with the ill boy he befriends. The boy, whose illness is never specifically stated, is the only person in Gus' grade who takes notice of him. The common depiction of disabled characters as representing corruption in society is thus upended.

Gus' invisibility is also linked with his muteness. Gus' choice to communicate solely through writing is fueled by his peers' deliberate disregard for what he says. When Billy asks Gus a question and is handed a note in response, Effie says, "But he doesn't speak" and then continues to explain that it is due to the fact that "his teacher won't call

on him in class” (39). Gus’ intentional rejection of speech resembles Friday’s purposeful failure to communicate with Susan Barton in J.M. Coetzee’s *Foe*. In *Foe*, the mute “freed” slave, Friday, neglects to share how he lost his tongue with Susan Barton’s character, a fellow shipwreck survivor and woman he now resides with. Barton tries various methods in order to extract information from Friday, explaining that “to tell my story and be silent on Friday’s tongue is no better than offering a book for sale with pages in it quietly left empty” (67). Barton views Friday’s inability to speak as a hindrance, saying that Friday has “no defense against being re-shaped day by day in conformity with others” (121). However, Friday’s intentionally withheld story is his way of not only controlling his narrative, but Barton’s, as his silence comes to dictate her path. And although Gus is not physically mute, his intentional silence serves as a reaction towards those who wish to rein in his intelligence.

With both Gus and Friday, it is not their inability to speak which is the purported problem, but their lack of an understanding community. Disability theory’s look at “how cultural systems function to assert and maintain boundaries that include and exclude subsets of the population” are demonstrated through Gus’ and Friday’s seclusion (Philips 66). Their seclusions both derive from those who wish to control them. In the same way Barton monitors Friday’s company, or lack thereof, Gus’s seclusion stems from an authority figure, Miss Gale’s, attempts to ignore him. In *The Boy Detective Fails*, genius is treated as debilitating to the same degree as a disability is often portrayed as incapacitating in literary works. What is interesting in Gus’ adoption of silence is the novel’s association between disability and power. Gus stops verbally communicating as a way to exert control over those who refuse to acknowledge him, and only starts to speak

once he has found an understanding audience. After discovering Gus sitting alone in his classroom, his new fourth grade teacher “asks question after question about dinosaurs” to which “Gus Mumford most happily answers” (297). The chapter soon ends after Gus spots “a single red ant” hurrying to join its “tiny red parade” (297). Gus’ narrative becomes less about “overcoming” key elements to his character and focuses on the importance of finding an accepting community.

The presence of Gus’ friend offers a reinterpretation of the “Tiny Tim” caricature found in literature. Instead of presenting a character whose sole purpose is to symbolize the protagonist’s wrong choices through a physical manifestation of disability, Meno gives Gus’ friend insight—the only insight presented among his classmates and teacher. Lennard Davis discusses the “Tiny Tim” trope in his introduction to *The Disability Studies Reader*: “If disability appears in a novel, it is rarely centrally represented. It is unusual for a main character to be a person with disabilities, although minor characters, like Tiny Tim, can be deformed in ways that arouse pity” (11). In Charles Dickens’ *A Christmas Carol*, the Ghost uses the evocation of Tiny Tim’s abandoned crutch to symbolize the child’s imminent death. And it is this image that spurs Scrooge to cry out, “Oh, no, kind Spirit! Say he will be spared” (52). Tiny Tim’s crutch—a direct sign of his disability—serves to both horrify Scrooge, and establish a causal relationship between his severity and Tiny Tim’s disability. While Gus’ friend is described as having physical abnormalities, such as skin that “is bright pink” and a head that is almost bald with the exception of “a single blond strand of hair at the top,” his appearance and unspecified illness neither arouses Gus’ pity nor personifies corruption (153). In fact, Gus deems the boy “the most lovely male” he has ever seen (154). The boy is also the first person to

detect his intelligence. He passes Gus a note that reads, “I know you are smart,” which leads Gus to wonder how “this stranger has so easily discerned” his aptitude “within a matter of a few short days” (179). The boy’s perceptiveness extends to Gus’ role as the school bully. He writes, “You are not a very believable bully” (180). His attention to the performance aspect of Gus’ part as tormenter recapitulates the idea that Gus’ behavior is formed through a lack of recognition. And the boy’s choice of the words “not very believable” suggests that this lack of acknowledgment is a determined blindness. The role of Gus’ friend therefore functions not as a manifested strain of ignorance, but as a character able to identify corruption.

As with Gus’ friend, the disabled and mentally ill characters in Joe Meno’s *The Boy Detective Fails* mark the few townspeople in Gotham who attempt to examine the underlying reasons behind the city’s extreme despondency. The reimagined takes on disability archetypes, such as the disabled villain and the reclusive mental ward patient, offer multifaceted portrayals which shed a more positive light on disability than are usually shown in literature. And these depictions more realistically capture a body of the population that is largely underrepresented. In fact, the novel’s disabled characters provide the only real concrete presences in a town that is rapidly disappearing.

CHAPTER III

THE CASE OF THE PERVASIVE PILL VIALS: CONNECTIONS BETWEEN DRUG THERAPY AND IMMOBILIZATION IN JOE MENO'S *THE BOY DETECTIVE FAILS*

The Boy Detective Fails exposes the way diagnostic psychiatry and over medicalization immobilizes people with mental illnesses, fixing them like subjects inside a View-Master. As established in the previous chapter, Billy is a formerly renowned detective who suffers a breakdown after his younger sister's suicide. His release from the mental institution--in which he has resided for ten years--has left him disoriented and weak. Armed with a bottle of Ativan instead of a hip flask, Billy downs a variety of medications for his nebulously described disorders, and the ambiguous nature of these disorders coincides with Meno's critique on the problematic classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Meno distinguishes Billy from other self-medicated detectives since his dependence serves less as an identifier or an aid than a tool that suspends the character in a period of time. This arrested state extends to other psychotropic-dependent mentally ill characters, creating a world that Meno implies mirrors our own overly diagnosed society.

The novel's critique of the saturation of pharmaceutical drugs begins as a delineation of the kind of mind susceptible to panacean-type marketing—the classic boy detective's. The prototypal boy sleuth's "literary identity" as "full-time truth seeker" does not allow for external impediments (Cornelius 5). And if a crisis arises, one must only

look inside one's True-Life Junior Detective Kit to find the answer. However, Meno's work suggests that it is this need to "diagnose" every problem, which serves as the real disorder within the novel. The narrative opens with a ten-year-old boy who is not convinced that the glowing skull suspended above him is real. The boy, a likeness of Billy Argo, chooses to be "full of doubt" despite the fact that the skull he stumbles upon seems to know things such as the boy's favorite flower, and what happened during his tenth birthday (5). When presented with such a phenomenon, the boy refuses to acknowledge the possibility that there are mysteries, which cannot be scientifically explained.

Meno's portrait of the classic boy detective—of Billy Argo—continues, as Billy obtains the necessary detective accouterments—the magnifying glass, sundry disguises, a pad and pencil, and with these tools, "all foul riddles, all wild hoaxes, all staged problems were solved quickly, with joy, fondness, and surrender" (15). But when Billy's sister, Caroline, commits suicide, he replaces his dependable kit with an assortment of antidepressants. And the inordinate presence of these medications throughout the novel indicates the work's commentary on our society's growing dependence on psychotropic medications as a way to mollify symptoms, which are mistakenly being perceived as harmful. According to the text, we have turned into that ten-year-old boy who cannot fathom other types of solutions, who, in our determined assurance, are left "looking for wires" in the dark (5).

Meno's portrait of St. Vitus Institute for the Infirm and Mentally Ill establishes the novel's critique of psychoactive medication therapy. After Billy attempts suicide, his parents decide to hospitalize him at St. Vitus. Not wanting to face the world that he

deems “dangerous to strangers and heartless to the friendly,” Billy intentionally fails every examination that would lead to his release and ends up staying for ten years (29). However, despite Billy’s admittance that he purposefully failed these tests, it is noted how “after being administered enough Thorazine, Billy became as unresponsive as the next overly medicated patient and simply disappeared into the slumbering universe of his own grief” (28). This first hint at the connection between his medications and stasis continues, as Billy awakes “from his drug-induced stupor” after “the unnecessary psychoactive medication therapy” ends, due to budget cuts (28). And the first thing Billy does after regaining consciousness is shout his sister’s name. This action directly implicates his Thorazine use, since it is his “drug-induced stupor” which impedes him from addressing Caroline’s death. Thus Meno’s depiction illustrates Dr. Allan Horwitz’s contention that “psychological mechanisms are contextual,” and nonpsychotic disorders should not be treated solely through medications (Horowitz, *All We Have to Fear* 34). Meno’s portrayal also highlights the current popularity of selective serotonin reuptake inhibitors (SSRIs) being used as quick cure-alls. Dr. Horwitz, in *All We Have to Fear: Psychiatry’s Transformation of Natural Anxieties into Mental Disorders*, notes the reasons behind the SSRIs’ prominence:

The FDA’s loosening of restrictions on direct-to-consumer drug advertisements in the late 1990s both enhanced the popularity of the SSRIs and reinforced their link to depressive illness. Many of these ads were aimed at selling the disease of depression itself, rather than a particular type of antidepressant. (215)

In his depiction of St. Vitus, Meno also produces an advertisement of sorts, one that paints the institution as a house full of specious relics—relics that only work to suppress rather than address patients' problems.

This link between medication and immobilization is further explored through a series of scenes depicting the literal disappearance of the novel's town, Gotham, New Jersey. These scenes suggest a causal relationship between Gotham's disappearance and the perpetually sedated state of its residents. Meno introduces the vanishings in a collective first-person account that unfolds like a diorama of a collapsing city. The arrested "subjects" of Gotham's diorama state how the town's "buildings and the people all disintegrate soundlessly" (35). And amidst this desolate backdrop, the reader is invited to "look closer" at Billy Argo, "staring up sadly" at his new residence--the Shady Glens Facility for Mental Competence (35). The constructed link between the vanishings of Gotham's buildings and the first appearance of Shady Glens not only foreshadows the important role the residence will have in hindering Billy's recovery, but it also evokes the "key film noir element of inescapability" (Conard 19). In other words, Meno demonstrates how—despite Gotham's literal dissolution—Billy is still trapped within the confines of Shady Glens. Another particularly powerful moment adjoining the two subjects occurs after Billy rushes back to his room and "takes two more than he should" of his Ativan medication (62). As "his vision begins to blur," he notices "a tall office building outside his window disappear suddenly" (62). This scene blends the reality of Billy's drugged state with the magical realist image of the building disappearing to illustrate Billy's current mental condition. Wendy Faris, in "Scheherazade's Children: Magical Realism and Postmodern Fiction" notes how "magical realist images, while

projecting a similar aura of surprising craziness, tend to reveal their motivations” after some scrutiny (171). With this scene, the intention is clear: Billy is presented with the physical manifestation of what happens after taking his medication—the part in which his mind has numbed to the point that it is left vacant.

The text forms its case against diagnostic psychiatry and the oversimplification of symptoms found in the DSM-IV during Billy’s moment of hesitation upon entering Shady Glens. Standing outside the residence, Billy reflects on the cause of his fellow patients’ “medicated gaze” (42). He claims that the “cause of this imbalance, of theirs and his, in this day and age, remains only a cloudy vapor at the far end of some scientist’s muddled microscope” (43). He continues, calling his treatment “a highly scientific guessing game,” and proceeds to list his multiple prescriptions (43). Meno plays with the argument posed by Horwitz that “the greatest influence of pharmaceutical companies has stemmed from its enhanced ability to reach anxious people and cite the DSM criteria to convince them that they have an anxiety disorder in need of chemical correction” (*All We Have to Fear* 229). When listing his prescriptions, Billy says, “popularly, Anafranil, or medically, Clomipramine” (43). Meno’s choice of the word “popularly” attests to the antidepressant’s broad market; the name has entered our everyday vocabulary. Meno’s scrutiny continues as Billy asks a series of questions posing the validity of these drugs, he wonders, “what is the cause” of his “illness to begin with” (43). Here, Billy acknowledges that something, namely his sister’s death, has spurred his current illness, but cannot yet consider the idea of Caroline’s suicide as an incident removed from the world of crime. He ends his line of questioning with a vow to “punish whoever is responsible” (43). Meno demonstrates how the classification system of the DSM-IV

“mistakenly equates expectable responses to stressful conditions” such as Billy’s depression with a mental disorder which can only be treated through SSRIs (Creating Mental Illness 14).

Billy’s parents are also portrayed as consequences of the increasingly medicalized framework of current psychiatry. Like Billy, they use depressants—in their case, Quaaludes—to cope with Caroline’s death. They refuse to discuss the reasons behind Caroline’s suicide, instead they flood Billy with books on grieving. Within the novel, their advice of internalizing one’s problems shares the same negative results as prescription use. Despite their devotion towards self-help books and their dependence on depressants, their marriage is collapsing, and Mr. Argo funnels his frustrations by “breaking boards all day” (269). When Billy calls them after discovering a missing page in Caroline’s diary, Billy’s dad scolds him for “ruminating on these kinds of things” (268). Aside from exhibiting sweet karate moves, Mr. Argo fails by cutting off communication with his son. Mrs. Argo also dismisses Billy’s questions, saying, “Part of being an adult is dealing with the terror of being an adult and knowing what happens next. Maybe the doctors misjudged you. Your father and I weren’t quite sure you were ready—” (269). Mrs. Argo accuses Billy of not being able to properly cope with his problems, yet she cannot even vocalize her grief. Mr. and Mrs. Argo, in their wish for a quick and painless solution, prove to be the perfect receptacles for the direct-to-consumer marketing of prescription drugs.

Billy Argo’s immobilization is rooted in the moniker of “boy detective,” and he does not shed this label until he confronts the unknown without the aid of antidepressants. Meno’s attribution of the label boy detective to Billy is important, since

the identity of “most boy sleuths never alter” (Cornelius 7). The persistent references to his former role marks another way in which his stasis is displayed (Cornelius 7). The now thirty-year-old former detective is introduced as “a small figure” looking up at the building of the Shady Glens Facility for Mental Competence, which stands “hidden among the smokestacks of the town’s remaining factories” (35). This depiction of Billy as a child, looking up in awe, reinforces his arrested state. He treats every new arrangement with apprehension, and it is implied that this fear of the unknown is exacerbated through his use of psychoactive agents. Billy reflects that the “the perplexity of the sickness, the cause of his unresolved unhappiness” is what makes him “so very depressed and causes the quite obvious hand twitch which has just begun to make its appearance” (43). Billy himself has become the puzzle—a puzzle he tries to solve through the aid of drug therapy. However, the text insinuates that this type of therapy is faulty, and at times works to sustain his anxiety. For example, after Billy asserts that “the world is broken and falling apart and completely mad,” he takes three Ativan in order to regain focus (80). But it does not have the assumed immediate effect. Instead, Billy runs down the street with “tears streaming down his cheeks” (80). It is only after Billy decides to “face the world of mystery” on his own, thereby ditching his bottles of Ativan and Clomipramine, that the use of the descriptive “boy detective” starts to wane (265).

Used as a crutch, Billy’s sundry medications adumbrate his identity, sustaining his static state. Whereas another type of self-medication associated with detectives-- alcohol--serves as an extension of their characters, Billy’s psychotropic drugs strip away his identity. Raymond Chandler’s hard-boiled detective, Philip Marlowe, is defined through his relationship with alcohol. In *The Long Goodbye*, Marlowe characterizes

himself as someone who likes “liquor and women and chess and a few other things” (92). In Marlowe’s detective trifecta, alcohol marks the first and most important identifier. However, Billy’s dependence on antidepressants is linked to scenes that obfuscate his identity. At one point, when Billy feels depressed, he “pops two Ativan and lies in the television room of Shady Glens, watching an episode of *Modern Police Cadet*” (130). According to Billy, the show’s star--Leopold Jones--serves as an apotheosis of what a detective should be: intelligent, cunning, and at the same time polite. And this scene illustrates how Billy’s identity fuses with that of the classic sleuth’s. Jones, as Billy’s alter ego, represents the idealistic characteristics of boy sleuths that Billy once embodied. Kerr notes how this embodiment “turns against” Billy’s “psyche like a mental illness (189). And it is true that Billy’s “failure” lies in his belief that his current depressive state somehow makes him defective. His prescriptions only aid the illusory blur between Jones’ character and his former role as boy detective, creating a loop he cannot escape.

Drugs, as inhibitors for protagonists, deviates from most detective works of the early and hard-boiled period, since these detectives exhibit an ability to control their substance intake. Rita Rippetoe, in *Booze and the Private Eye: Alcohol in the Hard-Boiled Novel*, examines the distinction made between the detective “who drinks too much on occasion” and alcoholics (78). Despite the fact that classic hard-boiled novels exhibit a pervasive drinking culture, their protagonists pride themselves in their ability to control their habit, which “speaks to the desire and ability to control one’s behavior in general” (Rippetoe 68). Even in postmodern takes on hard-boiled fiction, such as Haruki Murakami’s unnamed protagonist in *A Wild Sheep Chase*, the protagonist prides himself on being able to control his “whiskey fog,” and walk the sixteen steps to his apartment

unscathed (8). His control over his faculties serves as a contrast to his alcoholic boss who becomes unwieldy and belligerent when drunk. Rippetoe argues that to an earlier generation, alcoholism was believed to be combated by strength of will, whereas an audience today, who are “taught to believe that alcoholism is a disease that can attack anyone might feel that such an attitude is dangerously naïve” (187). But this extremely medicalized view takes neither varied social environments nor personal accountability into account, and only serves to feed Meno’s argument.

Meno, in his depiction of a self-medicated detective, plays with the current jump to label problems such as alcoholism and depression as diseases, and how as Horwitz notes “the pharmaceutical industry has been an especially powerful force in exploiting the flawed diagnoses of the psychiatric profession” (*All We Have to Fear* 225-226). Billy, while not wishing to lose complete control, relies on his medications to numb his perception. His constant supply of Ativan is at the ready whenever he desires to “feel so very hazy and soft” (98-99). However, Billy’s own understanding of his prescription use is interesting, since, like certain hard-boiled protagonists, he also distinguishes himself from those who rely on other forms of self-medication to relieve stressors. When offered a swig from a co-worker’s hipflask, Billy frowns and gives an affirmative “no” (76). Later, Billy is asked again if he wants ““a quick snortful,”” but he turns away and heads back to his desk, only to pop three Ativan afterwards (77). Billy neglects to see the similarities in his overuse of antidepressants with his colleagues’ dependence on alcohol and cocaine. Billy’s rationalization that *his* dependence is acceptable, since his prescriptions are for medical reasons, sustains his abuse. In this way, Meno illustrates the problems that arise when socially constructed issues become medical ones.

Another departure from earlier detective fiction stems from the use of psychoactive drugs as tools during investigations. Rippetoe notes this use of psychoactive drugs as a “slightly unsavory, but sometimes necessary, part of the hard-boiled detective’s world” (74). In Dashiell Hammett’s *The Maltese Falcon*, alcohol is used to mollify delicate situations and to loosen tongues. During a tense encounter between Detective Sam Spade and Casper Gutman, Gutman attempts to quell Spade’s uneasiness, refilling his glass, and stating, ““Ah, sir, this kind of medicine will never hurt you”” (112). After accepting the glass, Spade immediately rises from his “immobile” state, and says, ‘Here’s to plain speaking and clear understanding’ (112). In this case, alcohol galvanizes action, uprooting Spade from his quiescent position. Drugs also serve as stimulation for Sherlock Holmes in Sir Arthur Conan Doyle’s short story, “A Scandal in Bohemia.” Watson describes Holmes rising from “his drug-created dreams,” newly inspired and “hot upon the scent of some new problem” (2). Hard liquor is also used to glean information. Again in *The Maltese Falcon*, in order to obtain details surrounding the whereabouts of the falcon, Spade suggests to Brigid O’Shaughnessy that he should ‘put some more brandy in some more coffee,’ and try again (92). While a decline in the portrayal of drugs as manipulation tools parallels with today’s societal condemnation of iniquitous interrogation techniques, one still observes moments when drugs are used as stimulants. For example, Guy Ritchie’s 2009 film adaptation, *Sherlock Holmes*, accents the detective’s drug use as an integral part of the detection process. Psychoactive agents, as aids, are still very much present in visual culture.

Instead of stimulating the detection process, Billy's prescription use suppresses his deduction skills. In Horwitz's *Creating Mental Illness*, he notes, "the most common criticism of medications is that they are palliatives that ignore the more fundamental underlying problems that lead to particular symptoms" (205). This critique aligns with Meno's depiction of how Billy's psychotropic medications strip away his idiosyncrasies, and also inhibit his ability to address the reasons why he is depressed. Meno establishes how "the boy detective's mind is always detecting" (65). And whenever presented with a particularly frightening scenario, Billy takes his medications in order to dull his mind. After stumbling upon a dark figure in the woods, Billy unknots the man's necktie, and he starts to disintegrate, "as if he has been unstitched" (98). Billy then extracts a note from the crumpled pile, and after discovering that the man was involved in a larger criminal organization, he begins to "wonder" (98). It is this act of rumination which Billy cannot face, so he places two Ativan "gently in his mouth" (98). As the world "becomes shadows" and Billy's perception diminishes, he also unravels (98). Cornelius, in his introduction to his work, *The Boy Detectives: Essays on the Hardy Boys and Others*, notes:

The notion of a character whose main, functional literary identity is predicated on this notion of discovering truth—who acts, as it were, as a full-time truth seeker—elevated the act of detection from merely something characters *did* to a type of subjectivity that defined the characters themselves. (5)

However, since Billy curbs his inherent detective skills with pills, Meno suggests that Billy has become just as lifeless as the ghostly figure.

Billy's medications also inhibit his ability to piece together the fragmented memories from the one unresolved case from his childhood. In this way, he shares a key characteristic with film noir antiheroes whose memories, are, "or may be, faulty," and whose experience of time is confused" (Conard 47). Billy, whenever "he is feeling unsure of himself," always "returns to the case of the Haunted Candy Factory" (155). With help from Caroline and their friend, Fenton, they exposed the town's dentist as the man behind the destruction of equipment in the Happy Land Candy Factory. Billy feels comforted by "the structure," of the case--the fact that it offers a clear beginning, middle, and end (155). However, lately, memories of his most famous case have conflated with images of Daisy Hollis, the young heiress who went missing, never to be found by the Argo children or their friend. At one point, after watching the tallest building in his town disappear from his bus seat, he recalls nabbing the dentist (196). While police cars flood the factory, Daisy walks up to Billy and Caroline and thanks "them for a job well done" (197). Daisy continues to pop up in Billy's recollection of the case until he "decides to face the world of mystery now on his own" without the aid of pills (265). The next chapter then follows Billy and the neighbors he befriends--Effie and Gus--as they visit Daisy's grave for the first time (267). And his next attempt to accurately recall what happened is successful; he remembers how he mistakenly asserted that Killer Kowalavich was lying about not being responsible for Daisy's kidnapping, when in fact he was telling the truth (303-304). How Meno structures Billy's accurate recollection emphasizes the important role his antidepressants have in shrouding this past "failure."

However, what Billy views as his failure--his errancy--is not where Meno suggests Billy fails. Meno implies that Billy's failure lies in his blind faith in evidence, of the panacean tools found in his True-Life Junior Detective Kit. And Meno shows how Billy's vials of pills have replaced his other dependence. After Effie and Gus find their missing schoolmate, Billy says, 'But now, of course, like all detectives, you must reveal how you did it' (298). Effie's reply, 'We allowed ourselves, for one brief moment, to believe in something we could not see,' awakens Billy to his own faulty detective methods, since it is the next scene in which he accurately remembers the Daisy Hollis case (298). Effie and Gus represent the new generation of child detectives—detectives who defy oversimplified labels, and are not afraid to acknowledge metaphysical potentialities. They provide a contrast to Billy who is kept in a classic boy sleuth mold-- who "practices his strange detective words in bed at night," in order to appease those who expect "someone who is named *the boy detective* to solve every crime, every riddle" and every mystery (95). While Billy finds opening his old detective kit difficult, his firm belief in the power of its contents mirrors the trust he places on his psychotropic medications. In an attempt to reach out to Caroline, Billy "takes his dose of Clomipramine" and "listens carefully for a voice he might recognize" (139). He also "pops an Ativan, covering his eyes with his hands" when his obsessive-compulsive tendencies emerge during his work shift (146). In both cases, his medications fail him. He neither hears Caroline's voice, nor regains composure at work. Instead, his anxiety escalates to the point that he has "to sit on his hands" in order to "stop himself from reaching for the strange man's shirt" and buttoning the extra buttonhole (146). It is this

placebo effect from both the limited scope as boy detective and Billy's pharmaceuticals, which prevent him from attaining narrative agency.

Meno's other portrayal of a prescription-dependent former detective, Frank Hartley, offers a different depiction of immobilization. While Billy's dependence aids in fragmenting past cases, and suppressing his desire to detect, Frank's addiction to painkillers is directly linked to a past case. The Hartly Boys—Meno's patent play on the juvenile brother detective team—after a series of unsuccessful stints as security guards, now work at the local movie theater. Recognizing Billy from their past detective days, Frank relates how he “took a bad fall at the Old Mill” during a case, crushing his leg (159). While he allows that his job as an usher is not the most glamorous, he is content, since “it pays the bills and provides for the pills” (159). Frank then admits that he now has a Demerol habit, and asks Billy if he happens to know of “any doctors who write fake scrips” (159). By connecting Frank's accident with a former case, Meno ties the character to his childhood persona. His addiction and injured leg serve as constant reminders of his past glory days, but also suggests that it is this adherence to that idealized role which proves to be the corrupting force. Before Billy leaves, Frank invites him to attend a meeting comprised of “mostly former detectives” who spend their time discussing “old cases and stuff” (160). Instead of providing catharsis, this support group of sorts, only works to immobilize these former heroes. And Meno, with these two depictions of immobilized characters, suggests that the key to escaping this loop is to acknowledge that failure exists.

The connection between over medicalization and stasis is also manifested in the form of ghosts. Meno depicts Gotham as a city full of narcotized phantoms, a city in

which “the ghost world of Gotham, New Jersey is significant” (101). And treatment for this societal malaise often comes in the form of a capsule. After Billy is assigned the nightshift at Mammoth Life-Like International, his co-worker describes the early-morning callers as “ghosts” due to their “morphine-induced haze” (235). These elderly clients are “trapped” in a “vast profundity,” unable to cope with why they lived and their spouses died (236). And Billy, still suspended in his own detective story, is haunted by the same existential fear. When asked by his therapist what he fears most, he replies, “Death” (248). The idea of having to converse with people united by the same anxiety, drives him to take “an Ativan and carefully place it on his tongue” (236). It is this desire to want to “solve” circumstances beyond one’s control--the refusal to acknowledge that mysteries exist--that Meno is critiquing.

Meno creates scenes of disorientation reminiscent of classic film noirs, in which the novel’s environment reflects the protagonist’s frazzled state of mind. Wheeler Dixon, in *Film Noir and the Cinema of Paranoia*, notes the importance of lighting in film noir, and how the absence of light signifies “a world devoid of light, hope, or any promise of the future” (12). Meno plays with this connection by replacing light with snow. When Billy first steps into his room at Shady Glens, “the nurse flips the light switch and instead of offering luminosity, it somehow begins” to snow (48). In later scenes, snowfall coats his room, generating a glacial brume that denotes Billy’s drugged haze. After taking multiple pills, he switches on the light, and “stares up wide-eyed as a hazy cloud of delicate snowflakes gently appears above his face” (62). This relationship between prescription use and external disorientation is further depicted when Billy sifts through Caroline’s diary. His inability to cope with Caroline’s troubled thoughts leads him to take

a dose of Clomipramine and switch on the light, triggering snowfall (139). Similar to his reliance on medication in times of stress, Billy's choice to turn on his bedroom light illustrates his desire to be immersed—a desire that allows layers of snow to blanket his problems.

While the novel's "mise-en-scene" delineates a disorienting world, it also works to represent a uniformity and immobilization through green filtering. Meno's green motif paints the town of Gotham as an institution from which its residents cannot escape. The color is first associated with St. Vitus. The institute's "placid green dayroom," along with the "steady hum of foreign soap operas on TV and the strangely calm voices of the interminably lost" establishes a uniform environment, which extends to Billy's new residence in Gotham (27-28). As the narrator pans out, inviting the reader to take in an aerial view of the town, the "shadowy green river" is revealed as the border for Gotham (35). Upon entering Shady Glens, Billy notes the "pale green hallway," leading to his bedroom and "pale green" bed (47-48). The implication that green signifies a clinical environment is addressed when Billy comments on Shady Glens' "institutional" semblance, and how his bedroom "looks nearly the same as his room at the mental asylum" (48). And Billy's positive reaction to this similarity in their decors accents the problem he has in addressing his sister's death: The fact that Billy finds the institutional aspects of Shady Glens "strangely comforting" acknowledges the boy detective's complicity in his arrested state (48). Meno continues to wash Gotham's landscape in green. Billy's workplace--Mammoth Life-Like Mustache International--contains "institutional-green" rooms with "hard green" chairs (70). But the motif is not specific to Billy's environment, as Ellie and Gus' school is also tinged in green. For example, Gus

knocks his peer into their locker's "puke-green metal door" (153). And here, the color's usage exemplifies Meno's intended effect—to have a color scheme that paints the town's stagnation as an illness.

Gotham's villains implement a plan to replace the town's current architecture with uniform structures, and Meno reveals how this new uniformity reflects Gotham's tranquilized population. During the Convocation of Evil, the Blank broadcasts his plan for world domination through "the use of right angles and right angles only" (122-123). He espouses how they must plant disintegration bombs throughout Gotham, ridding the city of its existing asymmetrical buildings, and erect "perfectly rectangular" structures in their place (123). According to the Blank, this ultimate act of evil would "establish a death grip on the world through complete and total uniformity" (126). However, at this point in the novel, the reader is already aware that the change in design will go unaddressed. While Gotham's sedated populace notices the disappearances, they remain dormant. Through their inaction, they become a part of the dissolution. For example, when Billy tries to disarm the bomb located at their next target, the bus station, his attempts to both disarm the bomb and warn the people fail. He first approaches the ticket agent, but the agent "has a hard time believing what he is hearing" and leaves the booth (134). Billy literally has to carry the other people he stumbles upon, a young mother and a vagrant, to safety. Gotham's citizens—in their resignation to societal corruption—have become indistinguishable from the wax figures in their museum. Even the sounds of the city are "muffled and sad" (134). Meno's jarring use of the word "muffled" implies an actively restrained community, one in which their united sense of hopelessness enwraps them like a straitjacket.

While the depictions of diagnostic psychiatry and drug therapy in Joe Meno's *The Boy Detective Fails* seem to share a social constructionist view, one that highlights the unnecessary medical classifications of certain culturally constructed mental illnesses, the novel is not simply a reductionist antipsychiatry work. After all, the therapy scenes within the novel between Dr. Kolberg and Billy highlight the ability of certain psychotropic medications to help those under high levels of stress, function, but at the same time Dr. Kolberg emphasizes how they "won't change the feelings" one experiences after such a breakdown (104). Nor does the novel castigate medications prescribed for severe intellectual disability or psychotic disorders. The critique stems more from the saturation of these drugs on everyday consumers to the point in which in 2007, antidepressants marked the second most advertised item after automobiles on TV (*All We Have to Fear* 229). And Meno plays with the role of the classic detective, the natural skeptic, as someone who is susceptible to this advertising. But Meno makes clear that in the end, it is Billy's inherent detection skills which aid his recovery and not "wires in the dark."

CHAPTER IV

DETECTION WORK AS THERAPY IN JOE MENO'S *THE BOY DETECTIVE FAILS*

There are two types of therapeutic practices presented in Joe Meno's *The Boy Detective Fails*—cognitive-behavioral and pharmacological therapy. While scenes that include drug therapy involve magical moments, the cognitive behavioral sessions are soberly presented in short spurts. The reader is dropped into a line of questioning between Billy and his therapist that strikingly resembles a classic detective interrogation scene. The questions posed during these sessions force Billy to acknowledge the connection between Caroline's suicide and his current depressive state. The magical realist elements associated with Billy's prescription intake, however, engender a world devoid of progress, but also one barred from despair. As explored in the second chapter, these scenes only exhibit how Billy's anxieties are sustained. Since the rise of neuropsychiatry in the early 1980s and its endorsement of drug therapy, these treatments no longer incite the same sense of trepidation as they did during the antipsychiatry movement. However, by linking the fantastic with pharmacological agents, Meno suggests that despite its scientific foundations, there is an element of illusion to this form of treatment. But despite the fact that the different ways in which these treatments are portrayed suggest that cognitive-behavioral therapy renders a more beneficial outcome, the cognitive-behavioral scenes imply that it is through the art of detection itself, which provides the best way for Billy to manage his assorted anxieties.

As Billy Argo receives a combined therapeutic approach, it is important to establish what constitutes cognitive-behavioral (CBT) and pharmacological treatments. After the rise of the antipsychiatry movement of the 1960s, other types of psychotherapy eclipsed the dominating therapeutic practice--psychoanalysis--with its emphasis on unconscious desires. One of these forms, CBT, which emerged in the early 90s, offers “an intensive short-term (six to 20 sessions), problem-oriented approach” to patients dealing with anxiety and depressive disorders (Rector 2). The cognitive-behavioral approach provides “a structured and systematic means for the exploration of personal meanings, emotions and behaviors of the individual that have led to or are maintaining an individual’s distress” (Grant 29). Coupled with examining potential environmental triggers, cognitive-behavioral therapy helps patients identify problematic thought processes. Neil Rector in his work, *Cognitive-Behavioral Therapy: An Information Guide*, states that “according to CBT, the way people feel is linked to the way they think about a situation and not simply to the nature of the situation itself” (2). Therefore, therapists who use a cognitive-behavioral approach work to adjust maladaptive responses to situations that would otherwise be considered insignificant.

For anxiety and mood disorders, such as what Billy is diagnosed with in the novel, CBT is usually combined with pharmacological treatment. Ever since the discovery of the connection between negative thought patterns and neurotransmitters, pharmacological therapy has come to “dominate the psychiatric profession” (Horowitz 4). Selective serotonin re-uptake inhibitors (SSRIs) were eventually developed, and are believed to increase the extracellular level of the neurotransmitter serotonin. Specifically

for depression, symptoms “would appear to involve multiple and interactive neurochemical systems” that has “provided an important framework for antidepressant drug development,” such as SSRIs (Panksepp 198). Pharmacological treatments for people with major depression are popular since antidepressants “significantly reduce” depressive episodes, which can last for up to thirteen months (Panksepp 201). Pharmacotherapy also proves attractive since it does not entail weekly therapy sessions, which could potentially cause “implications on cost and time commitment” (Drug & Therapy Perspectives 12). However, neuropsychiatry’s focus remains on empirical demonstrations of the connection between brain functions and maladaptive behaviors without exploring how these behaviors could also stem from affective experiences. While there have been significant neuroscience discoveries, “no single neurotransmitter abnormality has been identified that fully explains the pathophysiology of the depressive disorders or the associated constellation of mood, motor, cognitive, and somatic symptoms” (Panksepp 206). Thus, pharmacotherapy is usually combined with psychotherapeutic treatments in order to assess how patients’ lived experiences have shaped their outlook and behaviors.

While not specifically identified, the type of therapeutic practice Billy undergoes is established during his first session. Billy’s therapist, who is never fully named, poses a series of questions to Billy, which align with a cognitive-behavioral structure. CBT therapists present questions which accent “automatic thoughts,” or repeated reactions to everyday situations (Rector 8). By frequently recording their automatic thoughts, patients are more likely to spot patterns. During their first session, Billy’s therapist asks him why he has stopped solving cases to which Billy answers, “Because I’d gone off to college”

(103). The therapist then points out that Billy had actually studied criminology in college, and the real reason he had given up detective work was due to Caroline's suicide. After Billy admits this to be the reason why he stopped his investigations, his therapist poses a series of questions, which pinpoint Billy's automatic thoughts, which fuel his current state of depression. His therapist asks, 'And tell me this, I'm very interested: What happened, in your cases, when you did not succeed' (103). When Billy quickly states that he has never left a case unsolved, the therapist ties his perfect track record with the prospect of not being able to "solve" the mystery behind Caroline's death. This leads to Billy's therapist connecting Billy's newfound resignation to the evil of the world with Billy's deep-seated fear that Caroline was "simply morally weak" and not the infallible, distinctly righteous kid sister he had romanticized (104).

Billy's connections between weakness and iniquity are developed further during his next visit. His therapist initiates a word association game in which the last word posed is "fear" (248). Billy's answer, "death," induces his therapist to offer a reason as to why Billy made this connection. He says, 'I think it is because you consider it a form of failure, a mistake, something that can somehow be avoided. And yet it remains as the one mystery that unites us all. Rich and poor, young and old—all of us, one day, will eventually die' (249). The therapist's explanation of Billy's thought process fits with common characteristics of depression, in which depression is "often experienced in terms of personal weakness, or failure" (Grant 55). And this pattern of associating death with failure marks a key reason as to why Billy obsessively works to find Caroline's "killer," since the alternative proves inconceivable. For Billy, the admission of Caroline's suicide means that Caroline has performed the ultimate act of failure. The session ends with

Billy's therapist inquiring how this investigation into Caroline's death is going. Billy deflects the question, and tells him, 'I will see you next week' (249). This marks the last allusion to the investigation, pertaining to an end other than suicide, and despite Billy's quick withdrawal, he soon shifts his investigation as to *why* Caroline felt that suicide was her only option.

These therapy sessions transpire in brief spurts with rapid-fire dialogue, which evoke depictions of interrogation scenes. Similar to filmic interpretations, in which the suspect grows increasingly anxious until they finally breakdown, Billy's reactions progress to the point in which he abruptly leaves the room. In William Fleisher and Nathan Gordon's *Effective Interviewing and Interrogation Techniques*, witnesses and suspects are asked "closed-ended questions dealing with the matter under investigation that must be answered in a direct fashion" (66). During Billy's first visit, the reader is dropped into a similar line of questioning, where the majority of his answers are clipped 'yes' and 'no' type responses. For example, his therapist posits close-ended questions pertaining to Billy's desertion of detective work. He asks, 'So you just gave it up' several times, with each occurrence illustrating Billy's escalating frustration (103). The same fast-paced style of questioning occurs during Billy's next visit, only he bucks under pressure and runs out of the office. After his therapist fires a series of inquiries relating to Billy's love for his sister, Billy abandons "his shoes and socks in the office" and "runs so fast his tears fall sideways down his narrow face" (169). Unlike the interrogator's goal of extracting a confession of guilt, Billy's therapist nonetheless uses similar interviewing techniques in order to force Billy to acknowledge a certain truth—Billy's belief that he had failed his sister.

Another element linking Billy's therapy sessions with interrogation scenes stems from the fast-paced dialogue and how the reader is dropped into the narrative without a stabilized framework. During what might be Billy's first meeting with his therapist, he is described as "laying on the couch, his shoes and socks off" (102). Little description follows, and the reader is dropped into the middle of the therapist's inquiries. The therapist immediately states, "So why this need to save everyone, Billy? What's the significance of that?" (102). Just as Billy's jarred response, "Pardon me," indicates his surprise, the scene also proves disorienting for the reader due to the question's abrupt nature (102). A similar disruption occurs during his second meeting. His therapist interrupts Billy, who is again lying on the couch, and asks, "Why do you think your sister killed herself" (168). Billy responds with the same jolted, "Pardon me," and his subsequent answers are stunted. In both cases, the dialogue which follows is sharp, quick, and illustrates Billy's increasing frustration. His agitation is palpable. Instead of hunched forward on the edge of a psychiatrist's couch, one could easily imagine Billy in a bare room with a single light shining down on him, his agitation apparent through his clipped retorts and frequent eye twitches. These fast-paced sessions contrast with the laggard progression of the scenes detailing Billy's psychotropic intake, in which time slows down, and the "world becomes shadows" (98). Even the end of Billy's meetings are marked by movement. In this way, Billy's intense therapy sessions jolt him out of his usual catatonic state.

The end of these therapy sessions highlight Billy's propensity to flee during stressful moments. When describing depression, Grant notes how people "will seek to

avoid the unpleasant emotions through escape and avoidance” (66). At the end of each depicted session, Billy deflects the question posed and excuses himself from the office. And of course during his last session, Billy literally runs out. Billy becomes characterized by this response; even during a game of freeze tag, Meno depicts him as “frozen in a running position” (89). One of the first times Billy reacts through running occurs after he notices a clump of hair in the corner of a phone booth. He thinks, “The world has gone mad. The world is broken and falling apart and completely mad” (80). He then hangs up the phone and runs “awkwardly down the street, toward the bus stop” with “small tears streaming down his cheeks” (80). He also runs after hearing a voice during his work shift. Not bothering to confront the person who spoke, Billy “runs from the office” out into the street (252). Similar to the framing between the discovery of disappearing structures with Billy’s antidepressant intake, after Billy runs out into the street, he learns about two new buildings which have vanished. He also reads the article detailing Parker Lane’s—one of Effie Mumford’s schoolmates—disappearance. Thus, intentional avoidance of difficult issues are manifested through physical disappearances.

The therapist’s direct line of questioning forces Billy to verbally acknowledge issues, which Meno suggests his medication palliates. The cognitive behavioral approach advocates “that therapists need to allow people to experience a tolerable level of low mood in order to address the causal social problems of their depression” (Grant 56). While the reader is exposed to Billy’s depressive thoughts, Billy rarely discloses his fears to others, especially to those who knew him as the boy detective. The only people he reveals his fears to are the Mumford children and his therapists. After announcing the culprits behind the decapitation of the Mumford children’s pet rabbit, Billy seeks refuge

underneath their porch. Gus hands Billy a note asking, “*Why are we under the porch,*” to which Billy answers: ‘We have no way of saving ourselves at the moment. We have no way of knowing when the world of evil will find us. We have no way of knowing how to stop evil from happening, so all we can do is wait here and hide.’ (129). Despite this communication, Billy usually avoids showing outwards signs of distress. However, Meno suggests that it is this refusal to verbalize--what Billy deems as signs of weakness--to others that prohibits him from forming close connections. And Billy’s strict sense of what constitutes as right and wrong behavior extends to others as well. When Billy catches Penny stealing a hat, he immediately leaves her and assumes their relationship is over. It is not until a following episode, in which he discovers Nurse Eloise in the medication room, “staring down at her hands full of blue and white pills,” that Billy reveals his secret—“his scarred wrists” (291). This revelation adds depth to their relationship, and marks the first time in a while that Billy dreams of a subject other than caves.

Meno also links Billy’s therapy sessions with detective work through the reading material Billy peruses while waiting for his second meeting to begin. While Meno provides little detail of the clinic and what happens during their initial conversation, emphasis is placed on an article Billy reads in the waiting room. The article accounts “the most terrifying unsolved case of all time,” the serial murders of parked lovers carried out by the Phantom Killer of Texarkana (167). Tying in with the novel’s theme of hauntings, Billy fixates on this particular case, since the idea of masked evil—an evil that has not been unveiled, fingerprinted, and incarcerated, leaves Billy terrified. The article focuses on this fear, ending with:

The Phantom Killer was never caught, and disappeared as mysteriously as he had arrived, leaving many to wonder why he had appeared in the first place. Why had he done what he'd done? Why had he gone mad with such criminal brutality at the sight of love? (168)

This last paragraph highlights the problem facing Billy and the townspeople of Gotham--how to deal with an evil that feels ubiquitous. The question is posed throughout the novel, even serving as the title for an episode of *Modern Police Cadet*, "Evil is Everywhere" (130). And the many solutions presented to Billy usually involve a form of resignation or a means to sustain a level of oblivion. However, Billy's therapist suggests that it is detective work which helps Billy manage his irrational fear of inescapable evil.

The therapist's conversations with Billy center on Billy's rejection of his former occupation. Billy's withdrawal from detective work marks one of the key effects of depression in which the person abandons activities that they had "previously enjoyed or gained a sense of achievement from" (Grant 66). His therapist, therefore, alludes to Billy's recent repudiation of his former role. Billy's reason for giving up detective work, 'I'm an adult now,' fails to apply, considering he continuously tries to solve cases once he arrives at Shady Glens (103). With these questions, his therapist insinuates that Billy will never be able to abandon characteristics which are inherent. The idea that Billy is a born sleuth is explored in a number of scenes. After spotting Penny lift an object out of a woman's purse, Billy exhibits his inherent crime-stopping traits:

He cannot help what he is about to do—no. He cannot help himself. A bluebird, falling from the sky, cannot stop itself from flying. A clipper ship, adrift in the

ocean, cannot stop itself from floating. A magnolia, rising in the water, cannot stop itself from growing. So it is that the boy detective stands and begins making his way toward the lady thief. (150)

Billy's therapist utilizes Billy's talent and frames the mystery surrounding Caroline's death as an investigation he must solve. He says, 'Well, it seems to me you're avoiding the greatest mystery of your life: why your sister killed herself' (169). His therapist continues using detective rhetoric, referring to this mystery as an "investigation." He asks Billy, 'How is your investigation going,' which after clarifying that he is referring to Caroline, Billy neglects to answer and ends their session (249). By using rhetoric which evokes the investigative process, Billy's therapist suggests that detective work is crucial in managing Billy's maladaptive behaviors.

While Meno implies that the act of detection is integral to Billy's welfare, Caroline also uses detective work to manage her depression. Missing Billy's company, Caroline "took ill and remained in bed for weeks at a time, mysteriously heartsick with the onset of late pubescence" (21). However, she was not prescribed pharmacological treatment nor was she advised to see a therapist. Meno's wording when describing Caroline's choice to continue investigating neighborhood disturbances pits her against Billy, and his prolonged stint at St. Vitus. "Instead of passively enduring her continued depression," like Billy and his parents did for many years, Caroline, "once again exhibiting her ambition and courage, decided to follow in her older brother's footsteps," and investigate a local case (22). The words "passively enduring" pass judgment on those, like Billy, who have spent their time suspended in a cloud of despair. Until he was forced out by the facility's director, Billy stated a preference for St. Vitus, citing how

everything was decided for him. The narrator comments on this later while Billy waits for a bus in the rain, stating:

The boy detective did not think to bring an umbrella. He did not think to check the weather. He has not checked the weather in almost ten years. If it was raining at St. Vitus, he was sent to the television room. If it was nice, he was allowed to go outside. He does not yet remember how to read the weather. He knows a lot, but has forgotten many, many important things and so at the moment, he is getting very wet. (145)

Billy's stasis contrasts with Caroline's bold decision to strike out on her own, but what Caroline discovers in her adventure drives her to the same immobilized state. For example, Caroline is described as growing "into someone else," asking everyone to refer to her as "Patient 101174" (23). Unlike Billy who has a support system in the Mumford children and the residents at Shady Glens, Caroline lacked a sympathetic ear. While Meno emphasizes how detective work helps characters cope with their depression, their isolation is what ultimately enables them to manage their desolation.

Detective work functioning as a form of therapy can be found in other postmodern novels. In Haddon's *The Curious Incident of the Dog in the Night-Time*, Christopher Boone, uses the act of detection to work through difficult events. After finding his neighbor's dog dead, stabbed with gardening shears, Christopher decides to begin an investigation. Christopher relates his progress in the form of a novel, and notes the benefits of this process. Likening himself to Sherlock Holmes, he states how Holmes' mind was always "busy in endeavoring to frame some scheme into which all these strange and apparently disconnected episodes could be fitted" (74). He then states that

“this is what I am trying to do by writing this book” (74). The process of writing helps Christopher organize his thoughts, and the methodical method of detection plays on his strengths in logic and deduction. Again, comparing himself to Holmes, who states how “the world is full of obvious things which nobody by any chance ever observes,” Christopher mentions his ability to narrowly focus on one subject for long periods of time. He says, “And this is why I am very good at playing chess, because I detach my mind at will and concentrate on the board and after a while the person I am playing will stop concentrating” leading them to make a mistake (73). In Christopher’s case, detective work proves to be the best form of therapy, since it focuses on his talents for observation without making Christopher uncomfortable with extended conversations over emotive responses.

Combined with cognitive-behavioral therapy, Billy also receives pharmacological treatment. Billy’s drug therapy is linked to an immobility, which allows him an immediate relief from depressive thoughts, but fails to address the factors behind these thoughts. Contrasted with the rapidity associated with his cognitive-behavioral sessions, Billy notes his drugs’ languid effects. He complains to his therapist that ‘It makes me feel slow sometimes’ (104). His therapist assures him that ‘It will even out soon enough,’ but ‘it won’t change the feelings’ Billy has (104). His therapist comments on one of psychopharmacology’s key deficiencies—its inability to pinpoint the causes of depression. Panksepp notes how “no single neurotransmitter abnormality has been identified that fully explains the pathophysiology of the depressive disorders or the associated constellation of mood, motor, cognitive, and somatic symptoms” (206). So while SSRIs can help stabilize chemical imbalances, causal agents--which produce a

specific group of symptoms--have yet to be discovered. Although the conditions of patients taking psychotropic medications can improve and that improvement can extend after their treatment ends, Meno chooses to focus on these ill effects of pharmacology, such as the temporality of the medications and feelings of lethargy. Meno's choice places less importance on Billy's perceived mental deficiencies, instead finding fault with the constrained narratology of juvenile detective fiction.

What Billy's medications and his stint at Shady Glens allows, however, is a glimpse at a world Billy has long denied. Unlike his sister Caroline, who stated her preference for magic, since "it worked on the notion of wonder and mystery," Billy believes in a world in which everything can be scientifically explained (18). As a child, Billy would initiate games such as "Wild West Accountants!" and "Recently Divorced Scientists," games that privilege deduction and reasoning (8). Ghosts were merely villains with white sheets, and not the real phantoms adult Billy eventually encounters (155). And while grown-up Billy experiences magic without the aid of Ativan, his observations of disappearing buildings usually coincide with prescription intake. For example, his first sighting occurs after taking "two more than he should" of his medications. Billy "stares up wide-eyed as a hazy cloud of delicate snowflakes gently appears above his face," and then "is surprised to see a tall office building outside his window disappear suddenly" (62). Billy's introduction to Gotham's magical world is itself chimerical. As his vision blurs, and he enters a liminal state, Billy is granted access to Gotham's own threshold. Thus, Billy's slide into unconsciousness manifests itself into the form of a vanishing structure. In magical realism, this type of metaphor is known as "verbal magic." Faris defines this term as an instance in which the "metaphorical is

imagined to be literal, connecting words and the world” (110). And Meno’s use of verbal magic suggests that with their isolation and resignation towards acts of evil, the townspeople of Gotham have allowed themselves to literally disappear.

Along with Billy’s psychotropic medications, magic is also used as an immediate relief from depressive symptoms. Billy decides to confront the organization behind the mysterious vanishing of his co-worker, Quimby, and his clues lead him to a Tunnel of Love ride inside an abandoned amusement park. Now caught, the organization’s leader, Margaret, admits that they “are in the business of making other people disappear” (206). She goes on to explain how jilted lovers can hire her employees to vaporize their unsuspecting partners with specially designed vanishing ink. And the organization’s promise echoes the fast-relief effects found in antidepressants. Margaret states, ‘For once, this complicated problem of human emotion is solved quite easily—with an end to the grave panic of unrequited desire and the indecent butterflies of high anxiety’ (207). Margaret’s speech even plays with symptoms Billy tries to suppress through his medications, such as a ‘grave panic,’ and ‘high anxiety.’ Not only is similar rhetoric used during scenes involving Billy’s pharmacological treatment, the magic is expressed in scientific terms. When comparing Diana Jones’ *Black Maria* and Salman Rushdie’s *Midnight’s Children*, Teya Rosenberg links the two works with how they both talk “about magical elements using rationalist, scientific language” (21). Margaret also explains their organization’s process through scientific language. She says, ‘Using a totally scientific approach, we are fashioning a world free of puzzling personal relationships,’ and that the ‘nature of love is thus made predictable, tempered, and pleasing’ (207). Margaret’s use of scientific terms to describe their process of dematerialization links

magic with what Meno argues pharmacological treatments generates in its users—a baby blanket of sorts justified in a medicalized framework.

The Tunnel of Love scene also serves to parallel the Daisy Hollis mystery, Billy's lone unsolved case. It was only after Billy receives another mysterious coded letter that he decides to confront Margaret's organization. Before the letter arrived, he spent his day worrying about the masked women, obsessively watching for signs, and waiting until it was time "to take his next pill" (202). However, the addition of another coded letter impels Billy to go "off in pursuit of the cause of his coworker's mystery" (203). Meno links this mystery with the Daisy Hollis case through similar descriptions. The Tunnel of Love ride is depicted as "a man-made mountain overgrown with false japonica and ivy" with a "pink colored waterfall" and a "narrow cavelike entrance" (205). The haunting setting located within a formerly cheerful and innocuous amusement ride mirrors the site of Daisy Hollis' body. Situated at the bottom of a wishing well, Daisy Hollis' body also resides in a deceptively optimistic location. And traveling through the cavernous rooms of the Tunnel of Love comes to foreshadow the point in which Billy crawls through the tunnels of Miller's Cave, past a rushing waterfall, to find the body of Daisy Hollis. Both cases were marked by the lack of antidepressants. There is no mention of Billy taking a pill before entering Gotham Amusement Park, and while Billy searches for an antidepressant to take before heading to Miller's Cave, he "remembers that no, there are none" left (308). It was Billy's inherent need to detect, and his natural curiosity, which compels him to pursue the case further.

The lure of mystery is also what drives Billy to confront his former friend, Fenton, over the coded letters he had been sending. Scattered throughout the narrative,

Fenton's secret messages plague Billy, even causing him to believe Caroline is reaching out beyond the grave. When Billy figures out that Fenton is behind the coded messages, he decides to confront him. Meno illustrates, how in Billy's prescription-induced stupor, he distanced himself from former loved ones, and he is only able to confront his friend now due to his decision to discard his antidepressants. Fenton reminds Billy of the numerous failed attempts to contact him. He figured that coded messages were the only form of communication that could get through to Billy. As they reminisce about Caroline for the first time since her death, Fenton addresses the hole created after Billy left for college. He says, 'But you left—you had to, Billy, you did—but she couldn't accept that. She couldn't accept that it was over, you know: being kids' (274). Fenton was partially correct; Caroline still exhibited the same lust for adventure and mystery, which drove her "to follow in her brother's footsteps" and investigate Miller's Cave (22). However, Caroline's increasingly erratic and dangerous behavior stemmed, of course, not from her transition into adulthood, but from her discovery of Daisy's body at the bottom of the well, and her belief that "everything, in the end, will always remain" a mystery (307).

And it is this urge to detect, to feel along the walls of a winding staircase with only the light from one's flashlight, in search of the perfect clue, that merges Gotham's magical realm with reality. Billy's world, rooted in empirical evidence, merges with Caroline's post-corporeal beliefs through decoded diary entries and a series of mysterious letters left by Billy's childhood friend, Fenton. While the "ghost world of Gotham is significant," and "a scientific fact," so is the city's crime rate (101). Meno uses the same introduction, "It is a scientific fact," when listing Gotham's high crime statistics as he

does when referring to the city's spectral community (42). And for Billy, the dichotomy between real acts of violence and supernatural forces weakens, since they both produce the same sense of awed horror—the sense that neither can really exist, nor *should* exist. Gotham's ghosts serve as a reminder for Billy of the childhood promise he had made with Caroline, a promise that is also reintroduced through her diary entries and Fenton's cryptic letters. Faris notes how in magical realist works, ghosts and texts are “many times situated between the two worlds of life and death,” and “they enlarge that space of intersection where a number of magically real fictions exist” (21-22). Caroline's “haunting” bridges these two worlds, since Billy copes with--what he feels at the time--are attempts by Caroline to communicate with him, through investigation. Billy's and Caroline's promise entailed providing evidence, or the lack there of, of an afterlife. After Caroline's pet dove suddenly dies, she makes a pact with Billy that “if on one of their dangerous adventures, one should first pass into the greatest and most profound mystery—that of unyielding mortal expiration—then” one of them will have “to send back word, as evidence of a post-corporeal world, of which Caroline argued for and Billy against” (20). The allusions to the word they chose as proof of an afterlife—*abracadabra*—found in Caroline's last piece of evidence and Fenton's letters coalesce the two worlds. When Billy finds Daisy Hollis' body at the end, it as if, despite Caroline's death, the gang managed to solve one last mystery together.

In Joe Meno's *The Boy Detective Fails*, the act of detection is not only presented as a valid form of therapy, but touted as the most appropriate form for Billy. Detective work marks the ultimate method for Billy in exposing the truth—not just a factual truth, which aids in the identification of a culprit, but a psychological analysis that reveals

negative patterns of perception. Coupled with the foundation of close relationships, Meno suggests that detection is an integral process Billy must utilize in order to manage disruptive behaviors.

CHAPTER V

CONCLUSION

In Joe Meno's *The Boy Detective Fails*, disabled and mentally ill characters are given a distinctive voice in a novel in which characters are extremely inward and silent. The silent majority of Gotham passively allow their town to disappear, and the few dissidents are either children or adults with some sort of behavioral disorder or disability. Meno's comparison between Gotham's immobilized population and our own society provide an important assessment on how pharmaceutical companies have gained an increasing control over psychiatric care. Meno's critique of the DSM-IV and its perpetuation of the idea that any deviation from what are considered "normal" behaviors is a necessary assessment to reflect upon, considering the newest edition of the DSM might include, what are perceived as "pathological behaviors," habits such as nail biting into its morass of disorders and their symptoms (Standen). According to Meno, everyone will soon be able to find themselves within the pages of the DSM-IV.

Despite the critique of the DSM-IV proffered in Meno's work, the novel does not explore the effects of pharmacological therapy on patients with severe psychological disorders, or those who are intellectually disabled. With characters such as Von Golum, medication is simply mentioned, but its effects are not discussed. Whether this absence infers that the work is only critiquing the use of psychotropics on patients with less severe mental disorders is not known. But if the critique alludes to both groups, it is at

best, naïve, to imply that drug therapy only works to hinder its users, especially when certain individuals require their medications to function. To fully understand the work's examination of pharmacological therapy, there needs to be more references to medication use among the intellectually disabled characters.

Meno's propagation of detection as the best suited form of therapy for Billy taps into potential real-life methods of therapy for patients with different forms of behavioral disorders. In fact, a team of psychologists at the University of Queensland created a program revolving around a detective game, which helped children with different levels of Asperger's Syndrome detect how "suspects were feeling from their facial expressions, body postures and prosody of speech" (Beaumont & Sofronoff 745). Playing upon their strengths in logic, the children were guided through a series of mathematical clues coupled with the previously mentioned set of suspects exhibiting complex emotions. By the end of the study, the Junior Detective Training Program proved "effective in enhancing the social skills and emotional understanding of children with Asperger's Syndrome" (743). Similar to how the process of detection and writing allowed Christopher Boone to work through troubling events, Meno suggests that the methodical deductions and reasoning found in detective work could help those struggling with deconstructing difficult experiences. Meno also makes clear that detection is not confined to an act of children. When Billy sadly states to Penny that "It's all over now. I'm not young anymore. Nor more adventures, no more mysteries, no more secrets," Penny replies that "We'll make our own secrets now" (328). With this conversation, Meno does not solely imply, like Kerr suggests, that Billy's failure stemmed from being "defined by a liminal age," but that Billy's maturity occurred due to his later adoption of

qualities found in the Mumford children—their capacity to believe, despite observations of evil around them, that goodness still exists (Kerr 185).

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