

Pink-Slipped

Six Days in Seven South

Note: Patient names have been changed to protect their privacy.

The Day Everything Went Horribly Wrong



FIGURE 1 SOMETIMES THINGS GET SO AWFUL YOU END UP IN THE HOSPITAL

I call November “Hell Month.” As a college student, I have finals and project due dates looming over the horizon. As a politically active liberal in a family of politically active conservatives, I dreaded Thanksgiving more than I have ever dreaded a get-together with my family. As an economically disadvantaged person (a five-dollar term for “poor”), I am acutely aware of the financial threat of the holidays that becomes even more tangible as the days grow colder.

Most years, I can handle it. This year, I could not. After a night of heavy drinking, I realized I was faced with the terrifying prospect of wanting to die. I reached out to my parents, who drove me to the emergency room.

We arrived around noon. By 8:30pm, I was finally told that I had been “pink-slipped,” that I had been placed under a psychiatric hold. During that time, I would be assessed by a psychiatrist and a series of social workers, put on medications, and kept in the hospital for a minimum of 72 hours. Once the 72 hours were up, I’d be assessed again, and either deemed fit for reality and sent home, or kept until I reached that point of stability. I was wheeled up to the seventh floor of the hospital and taken to the Mercy Behavioral Health Institute, a newly renovated wing of the hospital specifically for the mentally ill. I was forced to surrender all

of my belongings, including my phone. After a few more hours of waiting and filling out paperwork, including a survey about my feelings, I was finally given a room and sent to bed around midnight.

As far as I knew, psychiatric institutions were not places for mentally ill people to get better, but storage facilities for people deemed too “weird” for society. Rather than actively healing or being nurtured to a better state of mind, patients waste away as listless nurses jammed pills down their throats in a last-ditch effort to make them “normal” again, or at the very least keep them quiet. Psychiatric care was not a place for self-betterment, but a prison to escape by keeping your head down and playing by the system’s rules. And that ultimately, people like me—people who are unwell but, with the right medication and coping skills, have a shot at stability—were not typical. I don’t know where these thoughts stemmed from; in a way, it feels like I’ve always had those beliefs. They were not conclusions I had consciously drawn, but a sum of my exposure to psych ward culture, which, admittedly, was limited to a handful of books like *Girl, Interrupted* by Susanna Kaysen, and *Beyond the Wall of Sleep* by H.P. Lovecraft. Neither of which, in retrospect, should be considered reliable sources of information.

My stay would ultimately last six days instead of the expected three, but in that time the expectations I did have were almost immediately blown out of the water. I realized that I had been completely wrong, not just about the purpose of the unit, but about the people who came through its doors. While some patients fit my preconceived notion of what a psych ward patient should look like, most did not. Most of them were regular people, people who were drowning in their own minds and just needed a place to get their head above water. They were struggling with human issues just like I was—financial difficulties, relationship trouble, or simply being overwhelmed by their difficult lives. In other words, they were just like me.

The Night I Realized Being Crazy Wasn’t So Bad



FIGURE 2 TURNS OUT PSYCH PATIENTS AREN'T PARIAHS

Seven South is made up of two units: One for adults, and one for seniors. The adult unit fits 38 patients, though about half of the available rooms contain two beds. During my week there, the turnover rate for patients was relatively high. Seven South is not a long-term care facility; it is a place designed to stabilize you, give you the tools you need to stay stable, and ship you back into the real world before you can forget what it's like out there. New people were always arriving (usually at night), and discharges happened almost every day.

When I first arrived, I had no idea what to expect of the other patients. At that time, I believed that all psychiatric units were for long-term care by nature of the people they were meant to serve. As far as I knew, only people who had truly lost their marbles wound up in a hospital. Inpatient, as far as I knew, was not meant for people like me, people labeled "high-functioning" who only needed a few days of rest to be okay again. I was being forced to stay a minimum of three days, but it seemed inevitable that my stay would be longer. The 72-hour hold felt like a farce; how could anyone who wound up in inpatient get better in three days?

On my first night, I was sitting on a cushion wrapped around a large pillar in the community room. While wallowing in my misery, a patient approached me. I was still in my ER gown, but had been given pants by a Seven South nurse, as the unit was notoriously chilly. I had been in the hospital for nearly ten hours and saw no end in sight. It was well past my bedtime. I was forced to confront the fact that I had truly gone off the deep end.

She was older than I, possibly in her 40s, with light brown skin and tight, frizzy braids that bounced when she strutted over to me.

"How you doin', baby?" She asked me.

It seemed like such a stupid question at the time that I almost didn't believe she'd asked it. She couldn't have known what my day had been like, or all of the horrible things I'd gone through that led me to this point, but surely given the circumstances she could have hazarded a guess about how I was feeling. "Well, I could be better. I'm in the psych ward." I told her icily.

She fell quiet, thoughtful, for a moment. "Well, it could be worse, too. You could be in jail. Jail's way worse than this."

The reply came as a shock, and I laughed. "Touché."

She smiled at me and winked before walking away. "Just cuz it's the psych ward don't mean we gotta act like it's the psych ward." She told me. Perhaps unknowingly, she left me with the first flicker of hope I'd felt in what seemed like an eternity. My reasons for winding up where I was didn't matter to her. I didn't have to compete in the proverbial Pain Olympics here; nobody's suffering was better or worse than anybody else's. Ultimately, we had all wound up in the same location: The psych ward. All we could do was make the best of it until we were freed.

There had been no reason for this woman, who was released the next morning and I never saw again, to reach out to me. I later realized that such outreach is common among patients. It became second nature to ask new arrivals or people visibly distressed if they were doing okay. It was almost a substitute greeting. Patients who had been in the hospital longer often reached out to new arrivals, checking in with them, and making sure they knew some of the things that were often left unexplained by staff, such as how to shower

or which doctors to avoid. The community area had a fridge to store leftovers from meals, but unless they were specifically labeled, the food left in it was available to anyone who desired it. In fact, patients often stored extra food or drinks in the fridge specifically for other people to take as needed. In a bizarre way, we acted like a family. We *were* a family.

The Day I Made Friends in Spite of Myself

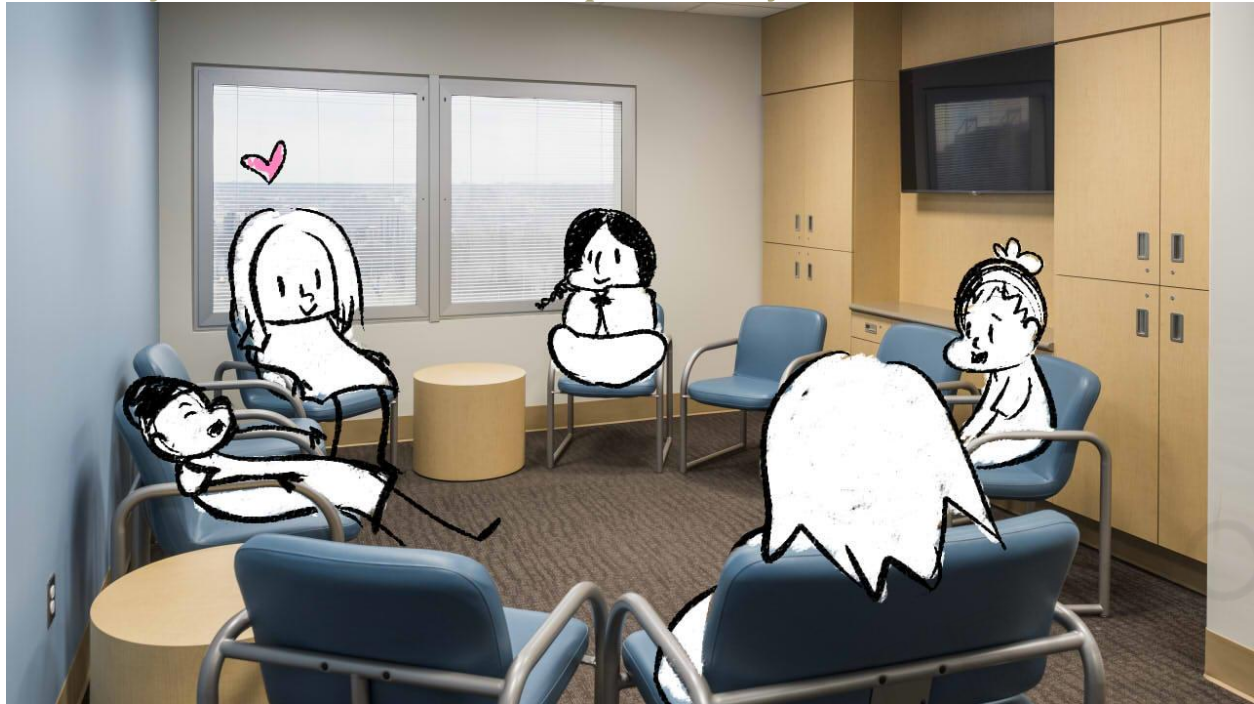


FIGURE 3 MY FELLOW PATIENTS AND I BECAME A FAMILY OF MISFITS

While it might have been the staff's duty to help us get well again, patients also had a heavy hand in each other's care. Without any sort of planning or instruction, patients would hold each other accountable during slip-ups of "maladaptive behaviors" (self-destructive coping mechanisms). When one would cry, two or three would comfort. When someone got angry, another person would walk around the unit with them and let them blow off steam. If a detoxing addict became sick, everyone rallied around to help. I suppose we couldn't help it; we were in an environment that necessitated discussions of our darkest feelings and secrets. Patients knew each other's most personal problems. In a way, it made us the most apt to help each other deal with them.

One morning, during breakfast, I spied a girl I hadn't seen before. Bella was rail thin and had short, stringy blonde hair and dark circles under her eyes. She looked exhausted and was sobbing alone at a table. I remember feeling uncomfortable, wondering what I should do, but before I could even make a decision someone had come to her aid. The other girl, a feisty Pittsburgh native named Selena, sat across from her and gave her a stern look.

"You really think you're gonna get outta here cryin' like that?" She barked, startling Bella out of her crying.

They talked, and I found myself joining in. Bella explained to us that her boyfriend had left her and her daughter, and the stress of juggling parenthood, school, and a full-time job had become too much for her.

“I drank bleach.” She explained almost casually, “But only a little. It’s not a big deal.”

The three of us spent the whole morning chatting. Selena and I oriented Bella to the Seven South experience and showed her how to get things she needed and who to talk to if she had questions. Bella was open and friendly and loved her nine-year-old daughter fiercely. She often came up in our talks, and Selena and I always made a point to bring her up when Bella got upset.

“You just keep thinking about your baby girl, and you do what you gotta do to get out of here and see her again, you hear me?” Selena would tell her.

They also held me accountable by forcing me to talk. I am a quiet person by nature, and discussing my personal business with strangers seemed abhorrent and uncomfortable. However, it is a necessary part of recovery, and Bella and Selena drew conversation out of me almost effortlessly. My life problems could not compare to theirs—Selena had spent quite some time in jail, and Bella was struggling to provide for her daughter while trying to gain custody of her three other children—but they treated my feelings with the same gravity with which I treated theirs.

Bella was released the day after me, at 10:30 in the morning, something she celebrated the entire day of my release when she got the news. I do not know what became of her, but I know the change in her mood from her first day to when I left was nothing short of monumental. She hugged me when I left.

The Day I Left My “Family” Behind



FIGURE 4 DISCHARGES ALWAYS MADE ME CRY

Discharge was always a bittersweet experience. There was no dearth of happiness for patients who were finally going home, but the joy was laced with sadness. We all made a point to get along for our own sanity, but I suspected we all knew on some level or another that this was not a place to make long-term friends. It happened sometimes, but not often. When a patient left Seven South, it was likely none of us would ever see them again.

In spite of this, discharge was treated as a celebration, and patients were congratulated and wished the best from everyone in the unit. Hugs were common—an older patient, Petunia, was a unit favorite and hugged everyone she could find when she left—and sometimes patients would offer up treats or small gifts for those leaving. Patients' words of parting were always the same, however: "Make sure you don't come back!"

When I was first checked into the Behavioral Health Institute, my future seemed completely up in the air. I was trapped, and alone, my fate in the hands of people who didn't even know I existed until I was wheeled through their hospital doors. Along with me for the ride were 23 strangers, people from all walks of life with their own demons to wrestle with, some worse than others. People came in and out every day, and no two days were the same. While I spent most of my time to myself, it was impossible not to immerse myself into the community I'd found myself a part of, and I think ultimately it contributed to my healing.

I come from a family that views emotions as weakness. We are proud, strong, blue-collar people that work hard and earn what we desire, and if we can't earn it, we obviously don't deserve it. Anxiety and depression are not diseases, but something to "get over," the way one might recover from a bad flu. When my mental health experience differed from this narrative, I panicked. In an effort not to lose face, I beat down those dark thoughts and feelings and spent years refusing to acknowledge them. Someday, I would tell myself, I'll get help for real. When I have time, and when it won't inconvenience those I love, and when I can properly hide my shame.

At the Behavioral Health Institute, however, such pretense was unnecessary. I obviously had mental health problems; I wouldn't have been in the psych ward otherwise. I didn't need to hide anything from anyone. I could experience the fullest range of my emotions, no matter how seemingly petty or irrational. I could voice every dark, unusual thought in my head with no fear of losing face. Everything was out in the open. I was free to be fully myself, including the ugly parts. Every patient could, and I think with that came a sense of relief. We all had one thing in common; some sort of crisis had brought us here, and we couldn't get through it on our own.

I became acutely aware of my own lack of sensitivity to the mentally ill, despite being in that category myself for years. In the beginning, I struggled to admit that I belonged in inpatient therapy. Inpatient, in my mind, was for people who couldn't hack it in the real world. It was only for the most severe cases of mental illness, people who could not be saved by mindfulness or Prozac. I never faulted these hypothetical people for their circumstances, but I certainly distanced myself from them. I wasn't *that* kind of mentally ill.

The Week I Faced My Prejudices



FIGURE 5 TURNS OUT PEOPLE ARE JUST PEOPLE, NO MATTER WHAT WING OF THE HOSPITAL THEY'RE IN

Once I surrendered myself to my situation, and to the process, the benefits to my wellbeing came rolling in. Group therapy proved immensely helpful; it never ceased to amaze me how relatable my experiences were to other people, or how much I related to people who initially seemed so different. As it would turn out, those differences were far fewer than I had expected them to be. My perception of people who end up in the psych ward was fundamentally wrong. They were not being stored away from the real world; they were desperately fighting to return to it. They were not medicated zombies or psychotic animals; they were truck drivers, servers, and parents. They were not a puzzle to be solved; they were simply, and beautifully, human.

The nurses and staff were good people, but nobody could truly understand our experiences as well as we did. We were the ones who couldn't leave, who had to ask permission to take a shower, who weren't permitted clothes with strings. No one else had to suffer through cognitive skills classes that felt incredibly useless at times, and no one else could confront the demons we were expected to face. We were bonded by hardship and collectively determined to heal and be free.

I would say, without question, that my experiences at the Behavioral Health Institute was one of the best things that ever happened to me. I want to make sure that I don't go back.