A Day in the Life of a Psychiatrically Hospitalized Clinician (Part 2)

Category: Stories
written by Liat Katz | December 25, 2015

Editor's Note: This is the conclusion of Liat Katz's remarkable story. Part 1 was published last week.

Lying here on this hard bed on the psych floor, staring at the white walls and ceiling, I think of my clients—and I don't feel so alone. Their everyday experience is not so different from my short-lived experience here at the hospital. Often, they endure a whole day's wait in the dirty Social Security and social-services offices, only to be treated patronizingly and have their needs go unmet.

I think about the conversations my Adult Protective Services (APS) coworkers and I have about our hoarding clients, whom we all want to help, but all want to avoid at the same time. We wonder: "How could that man live in that house so long with all the stuff piled up, with the flies and the trash and the smell?"

I smile, because now, more than ever, I get how coping with a difficult life can make your reality—no matter how bizarre or unpleasant—seem like the empirical truth. *Is the world really shit? Am I really worthless? Or is it the depression talking?*

In my work, I've understood that psychotic clients have experiences that are real to them, but not to anyone else. But I never thought this applied to me—until now.

I've operated under the assumption that when you meet people from the Land of Psychosis, you have to learn their language and respect their culture so that you can communicate. You're entering *their* world, and you must let them show you around. So I've always asked detailed questions about their inner world and hallucinations.

Recalling this, I'm flooded with self-pity. I wish that someone would ask *me* detailed questions about my depression, as if they were interested in knowing my experience, not just my symptomatology.

I think of Will, one of my all-time favorite clients, who has lived with schizophrenia for over thirty years. He has coped with his disease by writing poetry—a language where delusions and hallucinations are welcome. His struggle with symptoms, and his desire to express his angst creatively, feel familiar to me. He's unable to communicate verbally about his internal experience, but there, on the page, his fear and paranoia dance in rhythmic lines, describing a conflicted life that I intuitively understand.

Then it hits me: To make sense of my experience, I need to write. After

begging for a pencil and pad of paper from a psych tech, I scribble feverishly into the night.

I write about the shower knob. I write about the smell of antiseptic and the yellow-stained walls. And about my failures in life—a subject close to the surface: "Why aren't you home parenting, cooking and working like the normals out there?"

Page four is stained by tears: "Conversations with My Daughters: If you get depressed, this is what I want you to know…." *God, I hope they don't struggle like this.*

I haven't felt up to writing for a long, long time. I realize that the act of writing alone is making me feel better.

Pages six through eight write themselves. They are about the beauty of my daughters, and about where I want my life to be. Even when I pause to think, my hand keeps writing, as if possessed.

I write a list of places I'd rather be, and I imagine myself in each place: on a Tibetan mountaintop, in med school, painting a mural with my daughters, on a remote writing retreat by clear blue waters.

Maybe I'm not such a failure in life, I think. *Because, in a sense, these places aren't really so different from where I am now.*

Like a Buddhist monastery or a temple, this place frees me of outside possessions and obligations. Granted, they don't lock you up at a temple, nor does staying there bring the same stigma. And I have no idea what the showers are like. Still, without the distractions of the daily grind or toddlers underfoot, I finally have time to think and write and ask myself hard questions. It's strangely exhilarating.

I realize that, as odd as it seems, I've been given an opportunity.

The lack of empathy and warmth here can be overlooked, if I can see this place as a jumping-off point for a philosophical journey—a search for a deeper understanding of my depression. Starting a philosophical journey feels much less pathologizing than being hospitalized for a mental illness.

I look over at my sleeping roommate, and I'm momentarily surprised that she hasn't been jolted awake by all this catharsis. Finally, I get to the meat of my writing, my journey, and ask myself the hard questions: *What do I do to perpetuate my own depression?* And *How do I plan to get out?*

Page nine starts, "It takes a village to raise a sane person," followed by the names of people in my life that I need to reach out to for support: My wife, Lisa, who's had to be like a single mom at times, and remains steadfast beside me. The friends and relatives I've pushed away when I got depressed, then wondered where they went when I felt better.

Page ten. Here, seven pages after listing my failures, I realize that I need something positive to launch from, to start anew. Another list appears: "The

uniqueness of me." The items range from my ability to empathize with others to my love of wearing funky earrings, my impromptu air-guitar dance parties with my kids, and my writing.

If I can hold on to these parts of myself during my depressed times as well as my non-depressed times, I think, *I can maybe pull through life with less suffering.*

I shake out my aching hands and finally stop writing. I look at this pad of paper, which is a hot mess with no beginning, middle or end. I think of writer Anne Lamott's insistence on having a "shitty first draft." In a hazy mix of energized writing and tears, I feel ripe and ready for revision.

A week or so after my admission date, suicide does not feel so viable—and my health insurance is demanding discharge. I leave the hospital armed with my edited first draft of this piece, a bit of clarity, increased hope and new medication.

After discharge, I continue to write. I go to therapy. I try not to internalize all the world's problems. I don't let fear of depression keep me from working hard or staying present for the demanding parts of my life.

In addition to going back to my APS job, I create a therapeutic writing group at the local domestic-violence shelter so that I can share the healing power of writing with other women who are struggling. I have them start by writing lists, *my* lists—"The uniqueness of me" and "Who are the people in my village?"—and then have them write, write, write their shitty first drafts. They laugh and cry and support each other as they share and revise the difficult parts of their lives that have found a voice on the page.

In surviving hospitalization, I've become a better social worker. I feel even closer to my clients, because I get how it is to be a patient—the disempowerment, the struggle to figure out whether something is real or the illness, the misery and degradation of fighting bureaucracies and dealing with patronizing systems and people.

A few months after I return to work, a client of mine needs to be psychiatrically hospitalized. I make sure that she's part of every decision possible, and I acknowledge how horrible hospitals can be. As we wait in the ER, I make her a top, skirt and scarf from her hospital gowns, so she won't feel exposed, and so we can laugh together. I hold her hand and stay with her until she's settled in her room on the psych floor. I know how lonely that waiting can be.

Now, more than ever, I know that real healing doesn't necessarily come from someone with deep clinical knowledge; real healing comes from making a human connection with another person.

For now, my own strengths, my clients, my writing and my "village" sustain me.

I'm okay with being a wife, a mother, a licensed clinical social worker and, occasionally, a mental patient. My work informs my life, and my life (in or

out of mental hospitals) informs my work.

And I’m okay with living a life that requires me to occasionally have to ask for shampoo.