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COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF MENTAL HEALTH

COMPLAINT FORM

For Department Use Only

Date Received: ___/___/___

Received By: ____________________

Log #: ____________________

1. NAME OF COMPLAINANT(S) — STATUS[*] — ADDRESS AND TELEPHONE # (OR PROGRAM NAME)

a. [redacted] C [redacted]
b.
c.

2. Client(s)Thought to be Harmed by Matter Complained of (if any and if known) — ADDRESS AND TELEPHONE # (OR PROGRAM NAME)

a. [redacted] [redacted]
b.
c.

3. NAME(S) OF PERSON(S) COMPLAINED OF (if any and if known) — STATUS* — ADDRESS AND TELEPHONE # (OR PROGRAM NAME)

a. Hospital for Behavioral — O (Hospital) — 100 Century Dr
b. Medicine — Worcester, MA 01606
c. (844) 319-0000

4. PERSON FILLING OUT FORM (if other than above): [redacted]

5. WHEN DID MATTER COMPLAINED OF OCCUR [Date(s) and Time(s)]? June 15-28, 2024

6. WHERE DID MATTER COMPLAINED OF OCCUR? Unit 2A ("Empower")

7. Describe what Happened (Continue on back and/or attach additional sheets as necessary): See attached

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[*] STATUS: C=Client; E=Employee; H=Human Rights Committee; R=Relative; O=Other (Specify)

7. What Happened (Continued):

[X] Check here if there are any attachments

IF YOU ARE BETWEEN THE AGES OF 18 AND 59 (INCLUSIVE), AND HAVE BEEN SUBJECT TO PHYSICAL OR EMOTIONAL ABUSE, YOU CAN CALL THE DISABLED PERSONS PROTECTION COMMISSION'S 24 HOUR HOTLINE AT (800) 426-9009.

EMPLOYEES OF THE DEPARTMENT OF MENTAL HEALTH AND OF PRIVATE AGENCIES PROVIDING SERVICES TO DISABLED PERSONS WHO HAVE REASON TO BELIEVE A DISABLED PERSON BETWEEN THE AGES OF 18 AND 59 HAS BEEN PHYSICALLY OR EMOTIONALLY ABUSED <u>ARE REQUIRED BY LAW TO IMMEDIATELY REPORT</u> THE ABUSE TO THE DISABLED PERSONS PROTECTION COMMISSION'S 24 HOUR HOTLINE AT (800) 426-9009. A WRITTEN REPORT SHOULD BE FILED WITH DPPC WITHIN 48 HOURS OF THE ORAL REPORT.

Jul 16, 2024
DATE

[redacted]
COMPLAINANT SIGNATURE

To Whom it May Concern:

I know you don’t have to read this whole thing. But I hope you will, because I wouldn’t have taken the time to write it if I didn’t feel that the safety of vulnerable people depends on it.

Last year, I mailed in a lengthy complaint to DMH regarding the Hospital for Behavioral Medicine (commonly known as “HBM”) at 100 Century Drive in Worcester. Perhaps you have it in your records. However, it evidently didn’t do much good. This letter is to let you know why I believe now, even more firmly that I did then, that the existence of HBM and its masquerading as a “hospital” for vulnerable people in need of healing, is a public health hazard and the institution needs to be shut down pending further investigation.

Story

Intake

I was recently inpatient at a different hospital, and the admission was helpful. However, because re-entry is difficult and due to an exceptionally triggering situation, I developed SI again and found myself back in the emergency room a week later. I had independently taken the initiative to bring myself in, because I hoped that I would get help. I don’t remember having intent, but I had a plan, and expressed that to the doctors. At the time, both I and my ACCS team (which in my case is [redacted]) believed that it was in my records that I would be willing to go pretty much wherever, *except* HBM. Unfortunately, when I was placed on a bed search, it was determined that this was where I was going to go. When I found that out, I was terrified. But there was nothing that could be done, because “You don’t get to *pick* what hospital you go to.”

Because the last experience had resulted in psychological damage with absolutely no therapeutic benefit to counteract it, I chose not to sign the conditional voluntary when I arrived at HBM. To their credit, they did offer me a copy of the form for my records before asking me to sign it. I note this because for the rest of the admission, I was never given a copy of any more documents until after I had signed them, *if* then; they were all on computer screens that faced staff only and could not be turned to face me. Sometimes, after I was done signing, they printed me out a copy. Sometimes, they didn’t.

Returning to the admission, because I declined to sign the conditional voluntary and was going to be on a Section 12(b), the admission process involved quite a few hours of waiting. I hadn’t eaten breakfast because transport had come to get me at the emergency room, but the people in the admissions department did offer me a total of two bags of Lay’s potato chips, each of which was 0.5 ounces and 80 calories. I think the intake people did genuinely feel bad that I was waiting for so long, and were trying to be kind.

On the Unit

When I got onto the unit, I wondered whether I would be getting any lunch. I tried to get the attention of staff. (By the way, when I use the word “staff,” I could be referring to *anyone* employed by the hospital to interact with patients, including doctors, social workers, nurses, MHTs, group leaders, etc.) The staff at the nurses' station seemed shocked by this request, noting that it was too late for lunch. They called down to the cafeteria and asked if they had anything left, then looked at me and asked if pizza would be okay. I'm vegan, but because the last time I was at HBM I had spent most of the admission in a severe caloric deficit while trying to adhere to my moral principles, I agreed to take the pizza. Unfortunately, the pizza never came. This turned out to be in keeping with the fact that promises at HBM are rarely kept. I'm a sizable enough woman that missing two meals except for 160 calories of potato chips obviously wasn't going to kill me, but it is difficult to abruptly have no access to food exactly when one is going through a hard time emotionally.

I eventually gave up on getting food and asked for a room assignment and a journal and pen. These requests also turned out to be denied because they didn't know what room I was going to be in yet, and nobody knew where journals and pens were kept. And nobody was going to be willing to go and *look* for a journal, because the culture of the community was that it was a behavioral health hospital. So if someone was yelling, screaming, banging, threatening others, etc, that person was attended to. Given that 1) at any given time, at least one person was *always* engaging in these behaviors and, 2) I am constitutionally incapable of these behaviors, I didn't get my needs met. With the room assignment, I waited about an hour before bringing it up again and was then told that I was being "impatient," so I didn't get to settle down until much later that evening. The journal did not happen until the second week of the admission, and even then it was only because of one staff member who fought for me to get one. As you may have noted given the size of this document, writing is one of my primary "coping skills." I would soon learn that every coping skill that they could possibly take away, they would take away. For example, shortly after I got on the unit, staff had become very angry that I had a stuffed animal. Nobody had indicated before that that I couldn't have a stuffed animal. However, I found this information out as though I had done something horribly wrong, and my stuffed animal was confiscated until discharge. Taking away someone's stuffed animal might seem like a small slight, except when taken into consideration that I was already trying desperately to keep myself from hyperventilating, and this was one more blow. Given that I was forced to stay in the day room, I did ask another patient why there was blood and a chunk of hair over in the corner. "Oh, is that still there?" she replied. Its origin became apparent when a third patient pointed out three massive claw marks directly over the part of the neck that holds the jugular vein. She noted that she had also been punched very hard in the ear. That ear was now ringing nonstop and felt clogged, in addition to her having a massive headache. She advocated very strongly for the next several days for medical care regarding the situation, but instead was administered Tylenol and meds for anxiety.

Now, I can feel my reader replying, "But you worry about *you.*" Which is exactly what I was doing. Because apparently this woman had been assaulted by another patient and was given absolutely no medical evaluation whatsoever afterwards. And I had no way of knowing whether the offending patient was still on the unit, because these conversations tended to get heated and emotional very quickly, and staff cited HIPAA. So, thanks to HIPAA, I had no idea if I was at risk of being violently attacked, but I could assume that if it did happen, they would get angry if I complained about it afterwards.

Later on, I got the list of my belongings from downstairs. I was alarmed that my bra was *not* on the list, since it was a $60 bra and I really needed to get it back when I discharged. Adding to my concern was the fact that there were about 5-10 items on the document that were *not* mine, which I indicated to staff, and they said they would find the rightful owner. I could only hope that whoever got my bra on their list would extend the same courtesy.

When it was time for bed, I asked again about a room assignment and was given one. My roommate turned out to be a wonderful person, if slightly quirky. I complained about the journal and pen situation, and she said, “Oh, I have a pen! I accidently dropped it in a cup of water, though, so I hope it still works.” She pulled out a flexible “jail” pen from a styrofoam cup.

“Wow, where’d you get that?” I asked. She indicated that she had her ways, and I was just happy to have something to write with. There were a few pages of blank, lined paper at the end of the intake brochure, so I told myself that I would only be there for three business days and tried to carefully ration the paper. Technically, writing on plain printer paper probably would have been an option, but it’s a lot less cathartic to organize thoughts on paper when those papers are disorganized and easily jumbled or lost. *Please note that, due to the shortage of paper to write on and also the dissociation that tends to come with being in active trauma, I wasn’t usually able to note the time that things occurred.* The events are true. Unless the dates and times are specifically stated, I’m piecing together in my mind as I write this exactly *when* they occurred.

Sunday

I came in on a Saturday, so the next day was Sunday. Apparently, the previous day, nobody had put my regular daily medications into the system, so I got absolutely no morning meds and was thrust into withdrawal from Effexor. I tried desperately to get my body not to react, not to let staff see how much I was hurting, in fear that I would have to stay for longer. Unfortunately, breathing was a problem. I tried everything that was available without any tangible objects. For example, I tried to do the 4-4-4-4 breathing, but that just reminded me of kind providers before I had landed at HBM, and trying to use coping skills I had learned from people who had genuinely cared about me just made the crying worse. I could hear a staff member whisper at one point something like, “She’s been there shaking and hyperventilating for hours now, do you think she really needed her meds?” Eventually the weekend rounder came in and put my daily meds in the system, and I barely made the cutoff before it would have been “too late” (it was about 2:30 in the afternoon and they were afraid it would make it harder for me to sleep if I took it). They did not put in for my PRN of an antihistamine that I take during times of extremely high anxiety, so I had to wait until halfway through Monday to get that. The timeframe at HBM for me to get things that I desperately and urgently needed was usually several days, and any hint at rushing them was shut down aggressively by staff.

Later that afternoon, a staff member came in and searched my roommate’s side of the room, found a vape, and confiscated it. This put me in a difficult situation that I didn’t know my roommate very well and her vape was gone, so it could potentially look like I had taken it. I had to play my cards very carefully. When my roommate came back, I let her know immediately that staff had taken her belongings.

“Ugh, I figured they would find that,” she said, digging under the mattress for something. “But look, I still have this cell phone, *and* a shank.” I took this as a test and kept quiet as a mouse about the situation, especially since she *did* have a shank over there, but apparently they found out about the situation the same way they found the vape. At least this was what was eventually told to me by my then-dejected roommate, who said that not only had they found all her stuff, but she had craned her neck to read their screen during med pass and it said that we were going to get our room searched daily at 3pm. Now, I was raised in an environment similar to HBM, with a catalog of rules much too vast to ever be remembered by anyone, and extremely severe consequences if one violated a rule. (Although, when I was growing up this meant physical assault, and at HBM it meant having to stay longer. Which, I honestly would have preferred the assault; at least it was over more quickly. Besides, at least as a kid, I would be informed immediately and directly that I was going to be punished, rather than having someone silently put something in “the notes.”) This similarity did contribute to my being in a state of constant, active trauma and fight-or-flight response for the entire duration of the admission. My roommate’s flagrant disregard for authority was one of the few comforts that enabled me to survive the two week stay. I honestly don’t exactly know how she managed to be so calm about the situation, although she was experiencing what seemed like low-grade psychosis so that was probably a factor.

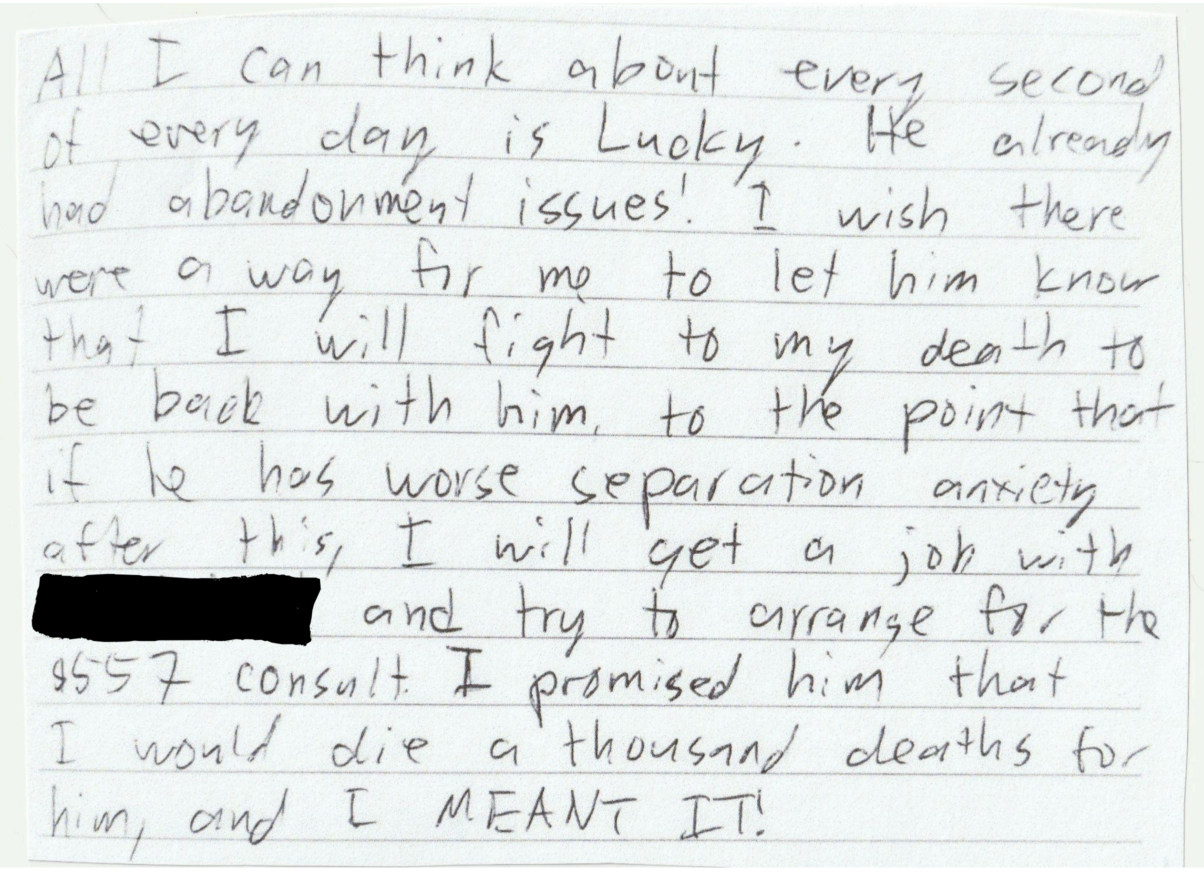
Monday

Monday came and I don’t remember if I called the Human Rights Officer on Sunday and left a message, or on Monday and left a message, or both. Anyway, I would leave him several messages over the course of the stay, none of which would ever be returned. When I brought this up with staff, they were angry and busy and didn’t have time to talk, although some people did mention that they didn’t remember seeing him around “for a while” and nobody was clear whether he still even worked at the hospital. Another staff tried using CBT on me: “...but did *he* tell you that he was unreachable?”

In good news, I did get to meet Catherine the med prescriber, known at HBM as a “provider” (presumably so we wouldn’t know who was or wasn’t an MD). The meeting was very brief, certainly under five minutes, but she did reassure me (albeit without looking me in the eye) that I would leave Thursday if I attended groups and followed the rules. I also met a woman who I assumed was my social worker, who sort of did an intake by asking me a series of questions, all of which were supposed to be answered with a number from 1-5. I completed the intake and then made it very clear that my intention was to leave as quickly as possible, since the environment was harmful to my mental health. She brought me to another woman, who was standing at the nurses’ station. Without taking me into an office, she gave me very bad news while smiling brightly. “Well, if you don’t sign the conditional voluntary, we can take you to court… that’s called ‘filing on you.’ And then you’ll be here even longer waiting for a court date. There’s no way of knowing how long that will take; it could be two weeks, it could be three weeks, it could be four weeks…” she continued driving home the point that I was going to be there for long enough for everything that mattered to me in life to be taken away.

Note that my life hasn’t been easy, and it wasn’t an accident that I was at HBM despite having PTSD; that was the diagnosis that brought me in. I had an overwhelming amount of childhood trauma before being permanently and irrevocably shunned for life by my family, who are in an extremist group that I got kicked out of. Building a life with no family supports while combating a severe, chronic “mental illness” (which is what PTSD is classified as) is not easy. I’ve experienced everything from homelessness to food scarcity to being absolutely and totally alone. However, thanks to years of hard work and some clinicians who went above and beyond, at the age of 34, I have a turtle, a cat, a project-based housing subsidy, and I’m working myself to the bone trying to get off of social security and earn a normal living. Unfortunately, all of the things that I’ve shed blood sweat and tears to get, can be snatched away in a moment. The job I was supposed to start would have been a temporary, summer job, and everyone was doing the onboarding orientation at the same time. During the two weeks that I was there, I missed the entire orientation. Yes, technically I could have asked for a doctor’s note, but it felt unlikely that they were going to repeat the entire orientation for me individually. Even if they had, have you ever started a new job with a doctor’s note from the “Hospital for Behavioral Medicine”? So, while everyone pointed out that it’s illegal in Massachusetts to fire someone for being in the hospital, there was just absolutely no way I was going to be able to get my job back. As I write this, I’m still in a position of extreme financial insecurity, because social security has officially started transitioning me out, but it’s impossible to get a new job instantly. I literally tried to go back to selling my plasma, but I ended up on antibiotics for an infection on my arm that was probably procured at HBM, so even that is no longer an option in the short term. So, it's hard not to be frustrated when HBM *is* the reason that I'm behind on my rent and quickly running out of groceries with no way to replace them.

But when I was told that if I remained “involuntary” I could be held for four weeks *before even getting a court date*, and after that it could be for *months,* there were even more pressing concerns. I’m supposed to be doing recertification to keep my housing subsidy, and if I wasn’t out and able to do that, I risked losing my home and everything I own. But above all, I was terrified for my animals. All I’ve ever wanted out of this life since I was a small child was to have kids of my own, but I’m unwilling to have kids until I’m emotionally stable. So, all I have is my turtle, whose name is Tannîn, and a beautiful black cat named Lucky. I’ve had Tannîn for over ten years, and I was pretty sure I could arrange for people to come in and feed him and change his water for a week, maybe two, but after that, things would be dicey. He’s my rock, and although he might be a turtle, he’s the only family that I’ve had for the past ten years. The cat had just turned one year old and was hand-raised because he’d been separated from his mother shortly after birth. He’s mostly okay, but unlike Tannîn, he has severe separation anxiety. The fact that he was home alone all by himself with only daily check-ins was devastating. I can deal with being in hell; I’m not okay with my cat being in hell. He had no idea where I was or why I had left him. Even the daily check-ins were temporary, and I didn’t know if I’d ever see his precious face again. I wrote this in my journal:



All I can think about every second of every day is Lucky. He already had abandonment issues! I wish there were a way fir me to let him know that I will fight to my death to be back with him, to the point that if he has worse separation anxiety after this, I will get a job with [redacted] and try to arrange for the $557 consult. I promised him that I would die a thousand deaths for him, and I MEANT IT!

The woman, who turned out to be named Chika and also turned out to be my actual social worker (I never saw the woman who did the intake ever again), was not interested in any of this and definitely didn't have time to let me tell her. She was interested only in scaring me, asserting dominance that I had to sign the conditional voluntary or I could lose everything. I promised myself I would stick to my guns and not sign anything under duress.

I did get to see the medical doctor, and pointed out that I had some underlying health concerns that I couldn't take care of while I was in the hospital. I'd been waiting for a call back from the GI specialist, and I was missing all my appointments at physical therapy. Most importantly, I wasn't on any medication for my type 2 diabetes, which is usually treated with a weekly injection. The medical provider was a kind and compassionate woman, but did tell me regarding the diabetes drug that "we don't have that," and I wouldn't be able to get it while I was in the hospital. Part of my brain was taken up with being terrified, part of my brain was taken up by masking that fact so I wouldn't have to stay even *longer*, and the remainder of my brain was unable to think to ask if it was *okay* that I wasn't taking the diabetes drug. I think I figured that it didn't matter *that* much, since I would be leaving Thursday and only missing one dose. At the end of the stay, when I was about to miss my third dose (since I usually take the drug on Sundays), I wished I had asked this question sooner of the medical doctor.

Monday night was a difficult night. I was awake but trying to appear asleep, trying not to shake and give away that I was struggling and then have to stay for longer. The only things in my mind were my cat's face, and Chika's quote: "two weeks, three weeks, four weeks…" and back to my cat. Coping skills. What could I do while lying there in the dark? Maybe imagine a safe space? No, my safe space was my apartment with my cat.

Remembering times before this had happened was too painful, and brought me back to the same problem as with the 4-4-4-4 breathing. I gave up and tried to physically force my body not to cry. As I remembered reading someone else say, why did they have to wait until I had something to lose before taking it all away?

Tuesday

The next day, Chika was running one of the mandatory groups that were required for anyone hoping to eventually discharge. I was slowly catching on to the fact that Chika was never *ever* going to have time to talk to me individually. (Well, she did talk to me in her office *once,* but not until the final day when we had to do the “safety plan,” so in the moment, the only way to talk to her was in a group.) She was boisterous and jolly as she rounded up participants and laughed that she had absolutely no lesson plans, and what did we want to talk about that day? Nobody really had much to say in return, so I gave it a go. What did I have to lose?

“Chika, honestly, it’s really hard for me to see you in a caretaking role after I was up all night crying because you said you were going to keep me here for weeks unless I signed the conditional voluntary.”

Chika was still cheerful but tried to seem shocked, and even had me repeat my statement more loudly so she could be sure she understood.

“You think *I* would file on you?” she asked, “Oh, no no no!” She looked at me, maintaining her energetic smile, to be sure I understood. “If I were the one making that call, I would never file on anybody. The one who files…” and with this she stood up and walked over to close the door, leaving several seconds for a dramatic pause, “...is HBM.”

This became the first incident of a trend that would last the entire admission: the decision for when I would leave was a group decision, so everyone claimed to have absolutely no control whatsoever, presumably alluding to the fact that she couldn’t make this decision *on her own* but rather collectively. This meant that I would always be given the run-around, as everyone referred to “HBM” as though it were an individual entity. They would even try to indict “the higher-ups,” although when I pressed them, they could never give me any names of these people who I had never met, who were able to wield such immense power over the trajectory of my life from there forward.

I tried to reason with Chika. “Listen,” I urged, “you have to realize that the reason this matters is because I have a trauma disorder, and this environment is severely triggering my PTSD and doing long-term harm to my mental health.”

“Well everyone on this unit has a trauma disorder, you’re not special!” she exclaimed, as though I was supposed to know that I was on a trauma unit. Which, of course, I didn’t know because nobody told me *anything.* Chika started to go on about how “you guys don’t read…” as though this information was in the informational folder given to us during intake (which, trust me, I had exhaustively read from cover to cover).

“Okay, so I’m not trying to say that I’m special,” I began. It would be too hard to try to get across that if she was triggering *everyone*, that would still technically be a problem for *me*, so I just said, “But given the way my specific, individual trauma played out, this environment is harmful for me.”

“Well, I don’t know your life story,” Chika replied, trying again to brush the problem away. I told her emphatically that I was not remotely interested in sharing my life story with her, but I just needed her to know the simple fact that I was being harmed. Trying not to trigger anyone else in the group, I quickly threw in that I was homeschooled and had spent large quantities of time as a kid locked in confined spaces with no escape. This was *not* to tell her my “life story,” but literally just to give an example of how *one* trauma survivor might be triggered by things that are different from *another* trauma survivor’s triggers.

“Well, I don’t do trauma work,” Chika announced, never breaking from her joyous character. She went on to say how there was no way to do trauma work in an inpatient unit because it can take 10 years, etc etc.

It was hopeless. Why couldn’t she see that I did not, on any level, in any universe, want to do trauma work with her? I was by no means whatsoever asking her to *help* my PTSD symptoms. I was asking her not to make them *worse.* What I was requesting of her was the same kind of accommodation that I would ask of an employer, with about the same amount of background information. If a manager at Walmart would be required to work with me in a way that didn’t do lasting psychological harm, if the concept of an accommodation was standard even in the realm of paid employment, why didn’t it apply to Chika, especially given the fact that the doors were locked and I couldn’t physically leave?

Chika was not the slightest bit concerned that the admission was harming me, and apparently had absolutely no intention to even negotiate ways to at least minimize the damage she was doing while I was there. Instead, she resorted to trying to slightly change the subject, make it sound like I had asked for something other than what I had actually asked for. She didn’t do trauma work, and continued to explain why this was just not feasible within her role.

So, she did not know of any of the trauma that I will relay here. I’m not telling it to you because I expected her to know it; I’m telling it to you because I want to give examples of *why* this hospitalization harmed me.

Chika’s group did not end there. I told her that I was scared because there were people on the unit who had been there for ages. For example, [redacted] had been there for over a year. Chika could have taken that moment to reassure me that I *wouldn’t* be there for ages, and give me some actual evidence to back that up. Instead, she threw HIPAA to the wind in front of the whole group and God and everybody.

“[redacted] is on a Section 3, so that’s an entirely different situation,” Chika said, “[redacted] is waiting for a bed in a state hospital.”

Given how absolutely strange their behavior had been for the entire admission, I had extremely strong concerns that she was secretly planning for *me* to be awaiting a bed in a state hospital, too.

Another patient, who I believe spelled her name “[redacted],” had not only been there for quite some time, but was actually physically present in the room (unlike [redacted]). Just a couple of minutes later, some people started trying to offer her encouragement that she was such a hardworking person, since she always came to all the groups and worked hard.

“Well, she wasn’t like that when she first came in!” volunteered Chika, “At first, she wouldn’t even look at you!” She went on to describe the severity of [redacted]’s symptoms. The HIPAA-free theme seemed to be staying put. A few minutes later, Chika had moved on to talk about another patient, who also was *not* in the room: “Oh, she was another one! She was *angry* at first!” she said, following it up with *“Grrr!”* as she apparently felt the need to imitate an angry patient sounding like a bear.

I talked to [redacted] afterwards, and she said she hadn’t minded that Chika told everybody all her business. However, *I* minded. I assumed that in another group, *I* would be the one who she was saying had been irrationally angry until she transformed me into the contrite and docile patient she’d always wanted.

Wednesday

The week went on. I continued going to all the groups, and biting my tongue around staff in the face of gaslighting and/or overt verbal aggression. I strove always to be gentle, and constantly remembered my mother back in the cult who always quoted Thumper from the movie Bambi: “If you can’t say something nice, don’t say nothing at all.” Wednesday night came around, and I think I was Catherine’s last patient. I asked nervously if I was definitely discharging the next day. She still wasn’t making eye contact, but told me that I had followed the program and it should be no problem.

Thursday

The next day came around, and I was informed that I wouldn’t be leaving. Now, just because this was news that had the potential to severely alter the rest of my life, did not mean that Chika had time to deliver the news herself. Any time I tried to get a moment with her, she forcefully brushed me off, made it absolutely clear that she was busy and I was interrupting her day. Instead, she outsourced the responsibility of giving me the news to my ACCS team. I called them and asked them what was happening, since ACCS seemed to be allowed to communicate with her when she was in her office. The woman on the phone said that they had told her to tell me that they were definitely going to “file” on me, unless I immediately signed the conditional voluntary, in which case they would be willing to try to work with me to get into a CCS. Note that I fully trust the ACCS team I work with, and the woman I spoke to was not given a say in the arrangement; she was just relaying the message. My mind rushed to try to figure out what the alternative would be to the CCS. I thought of the person on the floor who had been there for 15 months on a Section 3, and at least three other people I had met had been there for several months as well. This would be enough time that by the time I discharged, I would have lost my animals and would be returning to an empty life in which I would have lost everything I’d worked for.

I cannot describe the level of absolute, total, visceral panic with which I signed the conditional voluntary. On every level of my soul I knew it was illegal. If the word “duress” could be applied to anyone who had ever signed anything short of having a knife to their throat, it applied to me. I cannot say emphatically enough that absolutely *nothing* about my signing the conditional voluntary, was genuinely voluntary. And the fact that they wouldn’t allow me to discuss it with them directly, and the only way I could learn anything about this was through an intermediary who didn’t have all the details and also didn’t feel that my being there was helpful… if I hadn’t been in active trauma earlier in the admission, I was definitely in active trauma then. Literally the lives of Tannîn and Lucky, the most important sentient beings the Universe has seen fit to bestow me with, were hanging in the balance.

When I was a small child, the adults in the home were prone to fits of seething, violent rage. Given that I was routinely beaten with all sorts of unusual objects, this terrified me. The adults noted that I was all worked up, did *not* notice that *they* were all worked up, and would grab me by my upper arms and pin me down, either to the floor or to the couch. I was so much smaller than them that I didn’t have the slightest hope of escaping this, but I would bend my knees and arch my back backwards, essentially doing what is known in physical therapy as a “bridge.” There was no escape, no way out. They were there holding the weapon they were about to attack me with, and I was entirely powerless to do anything. And just the fact of my *being* terrified was the reason they had to hold me down, waiting for me to stop fighting them for long enough for them to attack me.

“You didn’t do yourself any favors by not signing this sooner,” said the staff member administering the conditional “voluntary.” She was right. I had tried to fight them, I had tried to tell myself that I had *some* protection under the law. And now I was forced to sign this form, which meant that I wouldn’t be given legal aid unless I wanted to be held for months. I pictured Lucky’s face. I knew that their goal had been to break me, and, much like my parents, they had succeeded.

After all this had gone down, Chika was willing to stop walking down the hallway long enough for me to get a word in.

“What happened, why wouldn’t they let me go home?” I asked. There had been nothing wrong with my behavior, I’d been meeting all their demands…

“I don’t know,” Chika breathed, trying to appear to be showing some tenderness, but still smiling and *definitely* not giving me all the information. She insisted that this had nothing to do with her, it was administration, she had no intel on their rationale, etc.

Later on, I saw the “provider.” Except it wasn’t Catherine. Apparently the information that Catherine had neglected to give me, was that due to “just how the rotation works,” I had a new provider as of Thursday morning. The new provider was Justina. Just as my parents would tell me what I had done to “sin against God” before they had their way with me, Justina finally firmly laid out why I wasn’t allowed to leave.

“It says in the notes that you said you were going to jump off a *bridge!*” she said.

I genuinely didn’t know what she was talking about, so she gave me the rare treat of talking to someone on my team in their office. She pulled up the face sheet that had come from the emergency room. There was one small paragraph, maybe two or three sentences, and in it was the plan that I had been considering five calendar days prior, before everything had happened. This would be their mantra every day. They couldn’t just reference that I’d had a plan, they had to lay it out every day, berating me as though I could never, ever live it down.

“...because of what *YOU SAID* about a bridge!”

I pointed out that that had been in the emergency room, and asked Justina what she would need from me moving forward to make up for that. She couldn’t give me any insight whatsoever, no treatment plan, no way forward. “...because of what *YOU SAID* about a bridge!”

I was being as calm and gentle as I possibly could, groomed by years of having to speak more quietly when I was most terrified.

“But how long does it take for that to time out?” I asked, and noted that some people had been on the unit for over a year.

Justina became livid and insisted that I was being “sarcastic” and she wouldn’t allow herself to be treated that way. “I’m a human being,” she asserted, as though absolutely anything about my demeanor could have been construed to mean the opposite. I knew better than to assert that the same statement about being a human, could also have been applied to me.

The conversation then degenerated to be like all the other conversations with people at HBM, with the exception that it was taking place in an office. I couldn’t get through a single sentence without being cut off, interrupted, and shouted over. I couldn’t raise my voice but Justina could certainly raise hers, because despite her vast potential to harm me, there was absolutely nothing I could do to *her*. Were you wondering why I’m taking the time out of my life to write this entire description of what happened? This is why. I used to have a recurring nightmare that I was trying to talk, but absolutely no sound was coming out. At HBM, I was reliving that nightmare.

Justina did eventually call in Chika. There were only two chairs in the room, so I moved over onto an end table to encourage her to take the other seat. Chika remained standing.

Justina finally gave what seemed like reassurance. She said that I could still go to the CCS, and that could go through as early as the next day (it was Thursday, so this would mean leaving on Friday). She said that it would all be discussed the next day in a meeting at 9am, and someone named "Ariel" would be joining us, and someone would be brought in via Zoom, and they would work everything out. I confirmed that *I* would be in the meeting, recalling that even high school students are allowed to attend their own IEP meetings, which surprised me when I first went into teaching. Justina assured me that yes, I would be there, and she would use all her clout to advocate for me to leave the next day. Now that my doctor had changed without any warning and everything was changing and nobody seemed to be willing to tell me what was going on, I found it difficult to trust. I protested.

"But Chika," I remember my shaky voice saying, "you *forced* me to sign the conditional voluntary! You said that if I didn't and 'HBM' decided to 'file' on me, that it would be impossible for me to be discharged before I got a court date!"

"I didn't say that!" Chika declared, losing the cheerful façade and now fully enraged, "You just don't listen!" She seemed not to have taken the time to notice that I had both listened to every word she had said, and then gone the next step to unwittingly memorize it verbatim and replay it over and over in my head when I would have preferred to have been sleeping. Few people working at HBM were known for being validating.

I must have argued, because I wrote on the precious paper in my journal:

> "She rolled her eyes and stormed out. There is no level of calm that will get them to respond reasonably. I've been being tortured for a week– of course I'm pissed. But they're so used to people screaming at them that they feel like they don't have to engage. And then when they do have to engage, they just storm out and don't do it."

Not only was staff not willing to let me talk; they would literally turn around and leave at the first sign of discontentment from me.

Friday

The next morning, I had woken up early and been waiting, because the promised meeting was the only possible ticket to preventing serious damage to my entire life. At about 9:01 I found Justina walking down the hall, but she got very angry that I had been anticipating a meeting. She seemed not to remember *at all* the conversation we'd had before, and felt that I was totally out of line for needing her exactly at 9am, when she had other plans. I asked where Chika was and no one had seen her; it turned out that she wasn't even in the building and didn't show up until 9:15. Which, my understanding had been that this was going to be a meeting with people who were expecting us at a certain time, and my not being able to be in the meeting was going to jeopardize my getting into a CCS, where I would hopefully be allowed to have at least a little bit of information as to what my treatment plan *was* before it had unfolded.

When Chika finally rolled in, she angrily chastised me and absolutely put me in my place for having expected there to be a meeting.

“But you *said* there was going to be a meeting about what was going to happen to me!”

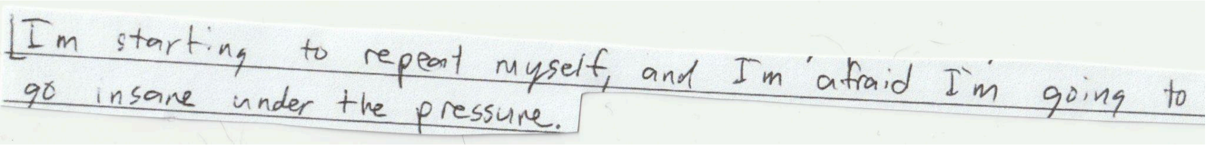
“What?” she nearly shouted, “I didn’t say that! I said I had a meeting at 9am, not that the meeting was going to be about *you!*”

Just… the level of gaslighting there. As though, in the extremely brief meeting we’d had the previous day before Chika stormed out, she’d just happened to take the time to tell me what items were on her agenda for the next day that had absolutely nothing to do with me. As though I’d imagined the whole thing about the Zoom call. I was supposed to believe that the whole thing hadn’t happened. My power had been stripped down to that of a child, and now I was an acting-out child, interrupting the grown-ups’ important meetings.

Justina did acknowledge later that day that she had *anticipated* that there would be a meeting at 9am, but then she’d later learned that the plans had changed. I pointed out that she could have just *told* me that the plans had changed, but she was resolute to drive home the point that she’d been so very busy, and she didn’t have time, because she had to go to this very important meeting and it was just entirely unreasonable for me to have expected her to take time away from that to update me on what she was going to be doing to my life.

I pictured my kitten’s face. I could really be losing him. Years and years of wanting a cat, only to finally be blessed by the Universe with the best cat who’d ever lived. I’d found him on Petfinder, but he lived in North Carolina. I also came from the Deep South, so I scraped together the money I was saving by not adopting from the MSPCA and put it toward a ticket on a Greyhound bus. As soon as he was in my arms, it was like he *knew* that I was taking him home. He trusted me. And I had promised him that I would never leave him. Now he was home, completely by himself, sometimes for 48 hours at a time as my support system couldn’t keep commuting all the way to Lowell to check in on him. And maybe that kitten would never be in my arms ever again.

At this point, I cried. I had been doing everything in my power *not* to cry just because I was sure they could and would use it against me, but I cried. I called the woman on my ACCS team (God bless her!) who had been fighting for me to get out since I had been put in, and just told her over and over and over, “They said 9am!”



I'm starting to repeat myself, and I'm afraid I'm going to go insane under the pressure.

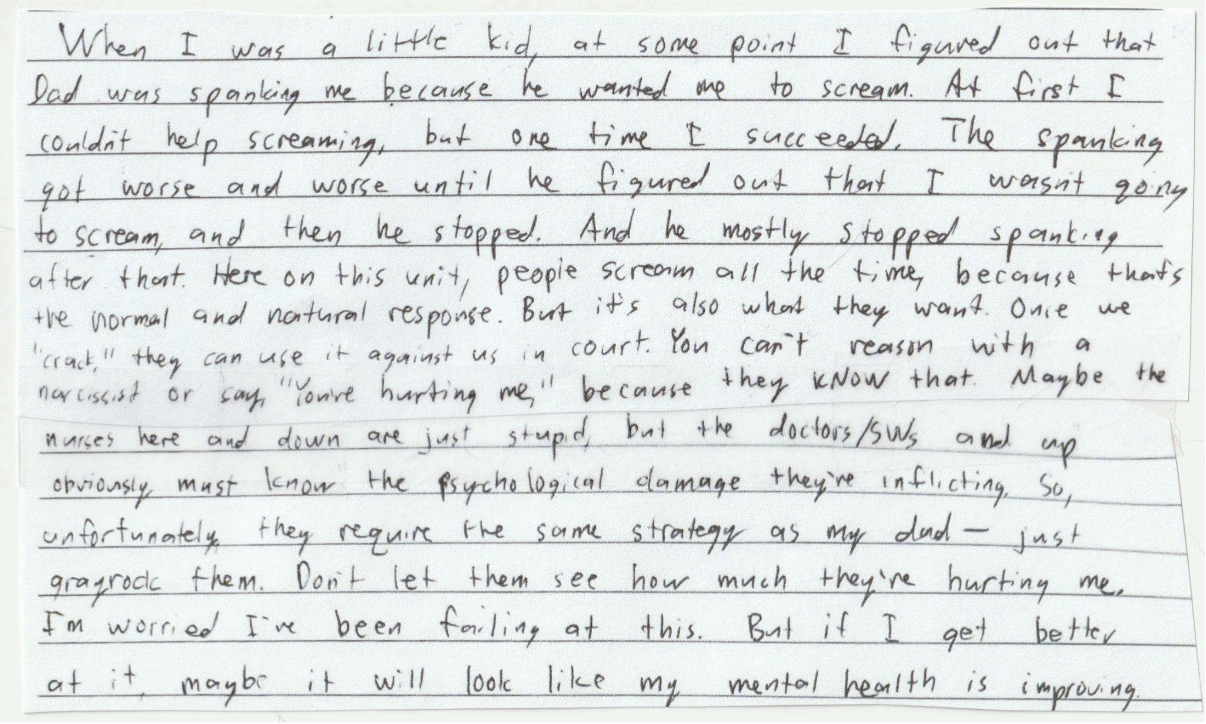
Eventually Ariel walked down the hallway. I was never formally introduced to her, just as I was never formally introduced to Chika, and I was never able to get anyone to explain to me how exactly her role was different from Chika’s. I was just expected to know, magically, without anybody being willing to tell me. And if I’d continued to press the issue, it would have always come back to, “You don’t read,” or “You don’t listen.”

I digress. Ariel hadn’t even met me, but somehow she had gotten the memo that nobody likes [redacted] so she was snapping at me from the start. This was just so incredibly confusing to me, because outside of HBM, I’m generally well-liked. The other patients at HBM seemed to like me. I even was allies with the roommate with the shank. But something must have been “in the notes” because among staff at HBM, nobody liked me. I mean, to be fair, they didn’t like most of us.

Ariel said she had nothing to do with my discharge, and cited “the higher-ups,” who still seemed not to have names or contact information (they were probably very busy, anyway). However, she said I could still leave that day, provided a bed was found by 2pm. By that point, my hope was still fading, but not totally extinguished. I called the ACCS worker and she called the CCS and they said they had a bed and would be ready for me. I went down to Chika and Ariel’s shared office, ignored the blue “Do Not Disturb” sign that was taped over the window and never, ever came down, and knocked. Ariel flew off the handle and said, “This is getting out of hand!” The absolute, sheer, indescribable terror that she was inflicting on me was a nuisance to her, and she was going to beat it down before I thought my life was remotely important or something. Given the nature of how I grew up, usually I would have run away and cried. But a couple of hours later, I knocked again. I was literally just trying to tell Ariel that there *was* a bed, Anna had found it, and the clock was ticking. She took the time to look directly at me through her window, past the Do Not Disturb sign. *“You are being very inappropriate,”* she said emphatically.

It had taken years of intensive therapy for me to be able to ask at the level of my need, or show any assertiveness whatsoever. And now here I was, in this extended bout of active trauma, in some sort of alternate reality with no connection to what my life had ever been before– and I was a kid again. *They* could be overtly aggressive, but if I was assertive in return, they would retaliate and I would have to stay for longer. They required absolute passivity. I was to stay quiet, not expect any of their time. I was to roll over and let them hurt me, because the more I protested, the worse it would get.

When I was a kid and my parents would rage uncontrollably, seize me, throw me up against furniture, and whip out a belt, ruler, spatula, or whatever item was closest, they called it “spanking.” In their minds, this made it legal. Well, technically only sort of… we did change doctors a lot for a while and then abruptly moved to Ohio. Looking back, even in Amish country, it would have technically been unconventional not to let the kids out of the basement for months at a time, but there was “religious freedom” there and nobody in the local school district called my mother once she faxed them a form that she was homeschooling. Anyway, with regard to the spanking, this is how that went, as I journaled to my imaginary audience.



When I was a little kid, at some point I figured out that Dad was spanking me because he wanted me to scream. At first I couldn't help screaming, but one time I succeeded. The spanking got worse and worse until he figured out that I wasn't going to scream, and then he stopped. And he mostly stopped spanking after that. Here on this unit, people scream all the time, because that's the normal and natural response. But it's also what they want. Once we "crack," they can use it against us in court. You can't reason with a narcissist or say, "You're hurting me," because they KNOW that. Maybe the nurses here and down are just stupid, but the doctors/SWs and up obviously must know the psychological damage they're inflicting. So, unfortunately, they require the same strategy as my dad — just grayrock them. Don't let them see how much they're hurting me. I'm worried I've been failing at this. But if I get better at it, maybe it will look like my mental health is improving.

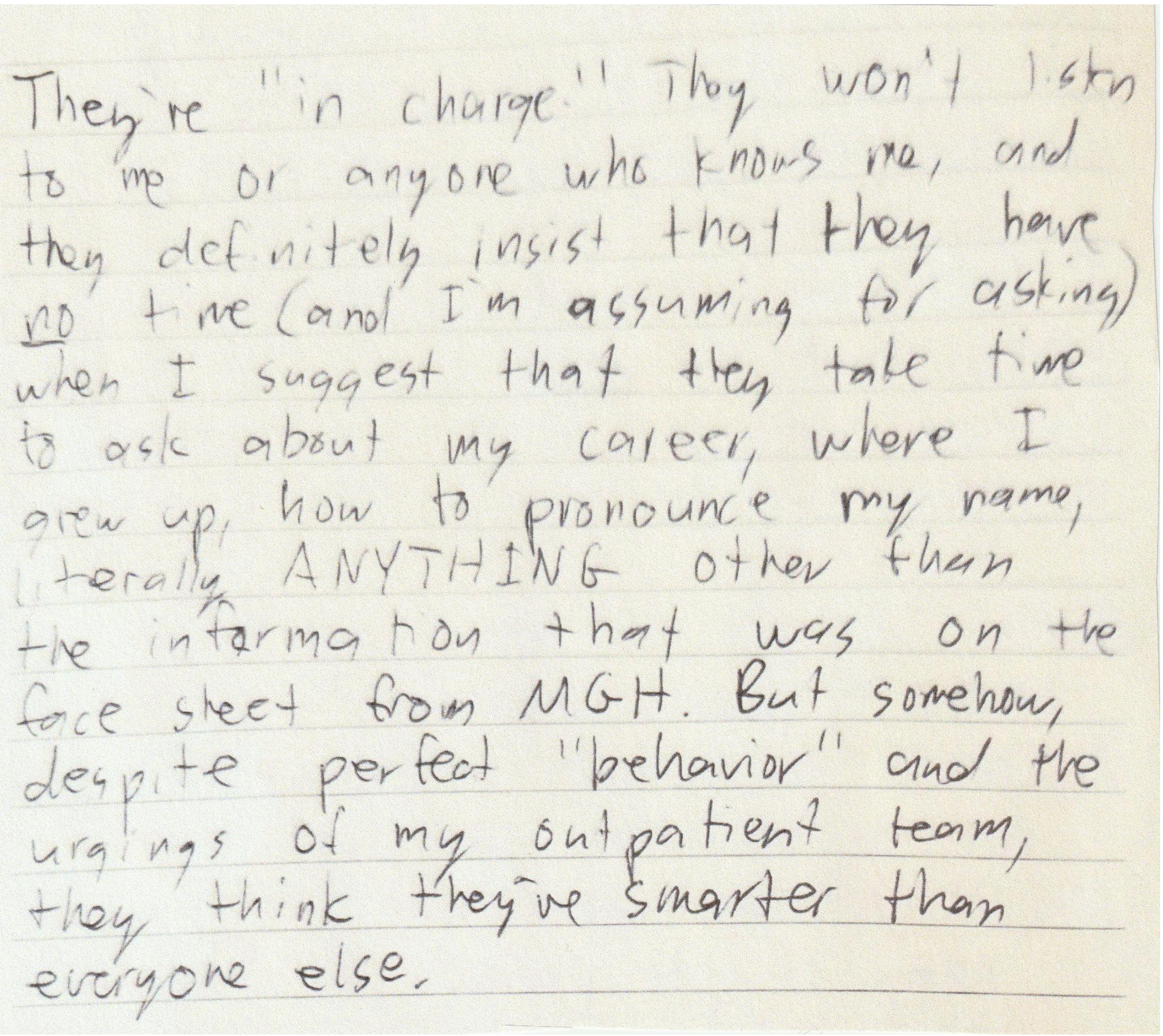
I really had to save all of this for my journal, because obviously I couldn't tell staff, other patients were all going through the exact same thing, and **the legally-mandated confidential phone calls were not remotely a thing.**

I mean, I'm sure they weren't tapping the line. But there were exactly two phones, and they were in the tiny, packed day room. I wouldn't have cared about the other patients, but staff hung out in there all the time. Besides, the phones were directly in the path between the provider's and social workers' offices and the nurses' station, so they were walking around the area all the time. Even when I called someone I trusted (ACCS or a friend), I had to be looking over my shoulder constantly in fear that something I said would be put "in the notes" and used against me in the threatened court.

Later, when I got seconds of Ariel's time, she yelled at me that there was no bed, the ACCS worker was wrong, it wasn't a thing. Finally, I was literally on the phone with the worker who had just called the CCS and confirmed that they had a bed, when Ariel walked right past me. I called out to her, that the worker was on the phone right then. She barely slowed down, and called out angrily over her right shoulder, "Yeah, well, treatment team doesn't even know if you're leaving."

If you're going to deliver somebody news that is going to hurt them that badly, it's best to at least do it when you're not in the act of walking away from them. Empowered by the mere presence of the worker on the phone, I asked Ariel if she could elaborate on that at all or give me any details. Of course this failed, and she barely had time to throw a few more insults in my direction regarding my inappropriate behavior before she disappeared back into her office. Thanks to years of therapy, *I* knew that I had done nothing wrong. But that did nothing to change the fact that Ariel was the one who had power and control, and she was angry and planning to hurt me because I had taken the time out of her day to ask her to stop hurting me.

I'm well into adulthood and certainly was Chika's and Ariel's intellectual equal. And my detainment was, for them, something they had to deal with at work. For me, it was deeply personal, because they had managed to abduct my very body and lock me in a holding institution as my life slipped away. But, as far as they were concerned, I was just uncomfortable on the unit and impatient. While they were only able to see my discomfort in the moment, they ignored the effects on their actions on the future of my life and the future of my mental health. I pointed out that the people on my outpatient team who *knew* me, were advocating for my release. In a rare acknowledgement of the reality that they had thrust upon me, Ariel exclaimed, “Well, your outpatient team isn’t in charge! *We’re* in charge!”



They're "in charge." They won't listen to me or anyone who knows me, and they definitely insist that they have no time (and I'm assuming for asking) when I suggest that they take time to ask about my career, where I grew up, how to pronounce my name, literally ANYTHING other than the information that was on the face sheet from MGH. But somehow, despite perfect "behavior" and the urgings of my outpatient team, they think they're smarter than everyone else.

I was nine when we moved to Ohio. When I was about fourteen or fifteen, after five years of getting out once a week for church and very little else, one of the closest things I had to a friend was moving away. It was really hard for my parents to find a church that was extreme enough for them, even in Ohio, and they didn’t approve of going to any events outside of Sunday services and sometimes Wednesday night prayer meetings. I thought Aylín was so cool, because she was from the Dominican Republic… which felt like worlds away from my parents’ “partially finished” basement. And, probably like any adolescent in that situation, I wanted to feel like I had *somebody* who I was able to feel was important to me. So, although I mostly idolized her due to social skills that had fossilized at age nine, [redacted] really was that important to me.

Sadly, she was moving back to the Dominican Republic, but the church was going to host a barbecue to mark her departure. I remember saving the tri-folded bulletin from Sunday, which announced the event. It said to bring “meet” to grill, and I remembered the misspelling. As with any church event, there was no way I could know in advance whether I was going to go; this information would be revealed at the moment when we would have left. Usually, we didn't get to go. But all week, I held onto that paper bulletin, praying and praying that it would happen.

Dad said he could take me if he got home from work in time. All day I sat on the couch, looking out the picture window and waiting. He got home late. I was frantic, but he said he'd have to run out to Sam's Club and pick up some meat.

He didn't come home for hours. When he made it back, he had bought everything: a massive grocery run that definitely had not been meant to be quick. Perhaps on some level acknowledging the hurt on my face, he did make the comment,

"So I guess we're not going to make it to the barbecue, you [redacted]."

I ran to my room where he couldn't see me cry.

Two o'clock came and went. As usual, staff in the hospital had never said "no." They just waited until "no" had happened all by itself. Moments before she went home for the day, Chika found the time to tell me what happened. All of a sudden she was appearing calm and approachable, a sign that she was *capable* of this and had been *choosing* to be otherwise the rest of the time. She said that there had in fact been a bed, but they had never meant for me to go home that day, "...because of what *YOU SAID* about a bridge," and because, "Most suicide happens on the weekends." I had no reason to trust Chika at this point but I also had no other choice. I asked contritely if I would at least definitely leave the following week. She assured me that I absolutely would, and said:

"My word: Tuesday, if not Monday."

I remember this, because I played it through my mind through that entire horrible weekend, my one remaining source of hope. I even asked Chika about transportation home since she apparently had time that evening, and she said that the worker from ACCS had agreed to drive all the way from [redacted] to Worcester to give me a ride to wherever the CCS was at. This definitely came as a surprise, but I figured that the worker was just concerned about the fact that I'd been in active trauma for so long and really wanted to help.

Preparing for the Weekend

On Thursday night when they had first forced my hand into signing the conditional "voluntary," I realized that I could really be there for a very long time. And when everything in my world is crashing down, I've realized that it's actually *more* important to lean into my values, because that will at least give me a sense of meaning and purpose. Besides, incredibly painful experiences tend to evoke empathy in me. I decided that what I was going through was nothing compared to what the factory farmed animals went through. Did you know that after dairy cows are forcibly impregnated and have given birth to their calves–possibly the one thing that could possibly bring joy back into their tortured lives, something to *live* for–they only get a few seconds to lick their babies before they are taken away permanently and never see their mothers again? I once read a news article about a town where people thought that the area near the dairy farm was haunted, but in fact it was just the time of year when the calves are born and taken away. The article said that the moaning of the cows, mistaken for ghosts, "happens every year this time."

The bond between mother and young is sacred. Those cows were going through the same thing with their babies that I was with my cat, except genuinely worse. I had been forcing myself to eat animal products because I didn't want to anger one more person, but I was going to have to ask for a dietary order. I found the medical doctor, who remained a kind and good person, and she efficiently put the order directly into my chart. Things did *not* go as smoothly with kitchen staff. I've been vegan for so long that "normal food" to me is basically fruits/vegetables, a grain, and a legume. Unfortunately, legumes were not a thing at HBM and often grains were also not available. Every time we were headed down to the cafeteria, I hoped that there would be some sort of potato product that I would be able to eat. Most days, for at least one meal, I got a salad with Italian dressing and hopefully pita chips. There was soy milk in the minifridge, which had 8 grams of protein per cup. Lettuce honestly is mostly water, so if you don't add any toppings that have substance to them, it's not going to give your body energy. So at this point, my main sources of calories were pita chips and soy milk. If I didn't go downstairs for any reason, I didn't get pita chips or soy milk. If there were french fries or anything, vegans also didn't get entree items without going downstairs; literally the only thing they would bring up would be a styrofoam to-go container of lettuce and Italian dressing. Fortunately, I was almost always able to ambulate downstairs, so although I don't enjoy subsisting off of soy milk and sometimes a source of carbohydrates, I was pulling through. The other vegan on the unit was less fortunate, because she couldn't go downstairs without a wheelchair. Which, much like nobody knew where the journals were or whether we had an HRO, nobody had time to procure a wheelchair for about a week. So the other vegan just got lettuce and like the little Ritz crackers that are wrapped in packs of two. Even for someone who wants to lose weight, this diet isn't healthy, and it's definitely not good to be eating that way during a time of severe psychological stress, when your mental health needs more attention than ever and your body *has* to be getting nourishment.

I don't know if it's illegal to let people go hungry in an environment where they are prevented from procuring their own food. I would point out that if I'd been Jewish and needed Kosher food, this kind of treatment would have been discrimination. I wasn't worried about problems in the afterlife, but I also think that animal agriculture is the greatest moral atrocity of our times. So what difference does it make whether you believe in objective morality based on your religion, or if you're not religious but you still have just as strong a sense of right and wrong?

Getting a vegan meal order and the promise that I would be leaving on Tuesday was not everything I would need to do to bunker down for the weekend. I found Justina, and asked her if I truly was leaving by Tuesday. She said probably Monday. At this point, I had become wary of the word "probably." I anticipated that on Monday morning, she would probably change her mind, "...because of what *YOU SAID* about a bridge." I asked what would happen if I didn't leave Monday. "Oh, we can't think about that; that's negative," said Justina, emphasizing the word "negative," and reiterating that we couldn't think about negative things because we had to think "positive." Given that "what *YOU SAID* about a bridge" in the emergency room was frequently presented as new information, I had a sinking feeling that it would once again be new information on Monday and they would decide they had to postpone things again. But Chika had given me her solemn word! All the times she had lied, she hadn't specifically given me her *word*. It was shaky, but I needed some source of hope.

Saturday and Sunday

If the entire admission had been hell, the weekend was the innermost ring. Deep in my soul, I knew that Tuesday would be a longshot. There were a few bright spots. The weekend rounder spent about the same amount of time with me that most weekend rounders on inpatient units do, which was much more time than Justina or either of the social workers usually managed to put aside for me. He agreed to “push for Monday.” What touched me the most was he actually allowed me to get out more than a few words at a time. At this point in the admission, I would plan exactly what I was going to say before I approached staff, paying extreme attention to word order and trying to present keywords in order of descending importance, so that when I got cut off, I had gotten as much out of my mouth as possible. The rounder allowed me to say, “This admission is hurting me,” and seemed to recognize me as a fellow adult and a fellow human. I felt like he had some goodwill toward me rather than just only being interested in dominance, control, and punishment for “...what *YOU SAID* about a bridge.”

In moments when the suffering was almost tolerable, I was able to at least resort to dark humor, a coping skill in which I take severe trauma like Mom’s “partially finished” fucking basement full of mice, wolf spiders, and often several inches of rainwater; and string together a narrative that is somehow funny. If I do this correctly and the other person has *also* been through aggravated trauma, they usually laugh in between apologizing for laughing. Fortunately, my roommate *had* been through outrageous amounts of trauma, and was able to appreciate this. In the day room, there were more people and thus more variables, so I didn’t want to trigger anybody, but I did manage to make wisecracks about the horrible situation we all shared, and other people also seemed to get some relief out of this. I was careful not to do any of this within earshot of staff, because there was no way *they* would think any of this was funny, and they would definitely want to put me in my place. But honestly, they had at no point ever seemed to consider the possibility that I was a human with a personality and perhaps something to contribute, and I sincerely doubted that anything would change that fact anyway. So, no sense casting my pearls before swine.

Some of the new patients coming in were funny, too. This one woman came in who obviously was in the thick of a massive manic episode. Just as my roommate didn’t care about breaking rules and that felt cathartic, the new patient was too manic to care about telling staff off. One morning, we were in “morning meeting,” going over the insanely massive list of rules about things we weren’t allowed to do. This usually was met with some resistance from people who were less adapted to being completely beaten down than I was, especially because most of the rules served no purpose except to constantly remind us who was boss (and it was them). For example, although the a/c was often broken, sometimes it was running and sometimes it actually got exceptionally cold in the day room. Meanwhile, there was a daily schedule permanently posted on the wall, screwed behind a layer of bullet-proof plastic, full of groups that *might* happen if there was staff. When someone tried to ask staff what groups actually *were* going to happen, they robotically referred us to the schedule on the wall. Also critical to note: the groups were mandatory and if you didn’t go, you couldn’t leave. It’s not like staff was ever interested in acknowledging the reality that we were forced to live in, but the way all this played out in *our* reality, was that we spent our days huddled in the day room, waiting to see if any groups were actually going to take place. On days when it was insufferably cold in the day room, people noted that none of us had planned for the trip, plus it was the middle of summer, so none of us had sweaters. So in the mornings in “morning meeting,” staff had to remind us every day that under *no* circumstances were we allowed to bring blankets into the day room; we were to just sit there and accept that we were cold, with no complaining.

Meanwhile, my friend who was experiencing the manic episode, had also been having an extremely heavy menstrual period, and had expressed a lot of concern that she was either hemorrhaging or having a miscarriage. Staff responded, predictably, by yelling at her and making it extremely clear (without even acknowledging that they were saying this) that under absolutely no circumstances whatsoever would they call the medical doctor or let her know about the situation. The manic friend was expressing concern about this during morning meeting, in a way that was about as organized as an average person is while in the throes of a manic episode.

I mean, I was following her, though. What she was saying was that she'd been bleeding profusely for days and just *happened* to not die, because they weren't going to interrupt the medical doctor who, ironically, was one of the few well-intentioned, sympathetic characters employed by the institution. Staff was, well, being staff, and interrupting her and refusing to let her talk because they were absolutely, 100% sure that what *they* were saying was important, and what *she* was saying was not, and information should only go from staff to patient, and never ever the other way around. Weirdly, it seemed like staff actually thought that what they were saying was somehow related to what *she* was saying, which they would have known it actually wasn't, if they'd been listening. Manic Friend wasn't having it and yelled at staff for "not listening."

"I *was* listening," insisted staff.

"No you weren't! You were *talking* with your <u>mouth</u> <u>open</u>."

"Well how else am I supposed to talk?" she replied, defensively.

"Oh, because I thought you were *listening*," said the new friend.

"I *was* listening," staff said, changing her story yet again. The friend was manic and just flipped out at this point,

"*YEAH? THEN WHAT'D I SAY? WHAT'D I SAY?"* she demanded.

Staff had absolutely nowhere to go from there, and didn't even acknowledge the question, returning to the piece of completely irrelevant information that they thought it was critical for us to know. Essentially, their whole approach was "sage on the stage" gone off the deep end. If someone was talking, staff wanted it to be them. Patients were expected to be seen but not heard. Nothing we said was thought to have any actual relevance or importance whatsoever, whereas they wanted us to act like every word out of their mouths was critical information that we should implement immediately. I put in my journal, "They don't listen, and demand every second of talking time."

It wasn't all camaraderie and cynical jokes; staff did manage to exert a lot of suffering despite our best efforts to defend ourselves. For example, I sleep with a CPAP machine. The CPAP was locked in a box where I couldn't access it. Every night before bed, staff would turn it on and stretch the hose out of a hole in the box for me to use. The night staff was actually usually fine with doing this. However, morning staff got very angry when I asked them to turn the CPAP back off and take back the hose. This was another example of something that takes two seconds to do at home and I had never given it a second thought, but now a huge chunk of my morning was going to have to be directed at finding a way to get staff to do something for me without freaking out. I tried asking them to put it away, but they were busy and forgot. I tried asking them and then just only walking about 15 feet away, in hopes that my physical presence would remind them, but they would just completely lose their minds when I did that. Eventually, I gave up and just left the machine running in the mornings. This is not ideal because eventually the water in the humidifier chamber runs out and I'm unclear if that's bad for the machine because I never had any reason to leave it on until this admission. Unfortunately, that turned out to also send them into orbit, and I got a strict talking-to about leaving my CPAP machine on in the morning. I pointed out that the machine was left by design in a box that was locked, and I didn't have the key. They insisted that if I told a nurse, they would put it away for me. This catch-22 felt like one more example of staff's detachment from the reality that they forced us to live in. We lived in a world where if you ask a nurse, they fly off the handle; and they lived in a world where we could've just asked a nurse.

Another issue was that, in addition to the manic patient, another newcomer had arrived, who was wearing a blue outfit. She did nothing all day but sit in the corner of the room and scream her lungs out at people. Staff reacted by openly making fun of her amongst themselves, and their laughing at her just egged her on even more. Meanwhile, a red-headed patient had come in who was as gentle and terrified as I was, but who was having a severe psychotic episode and really didn't have too much contact with our reality except that it was terrifying. Because she absolutely was not neurologically able to grasp cause and effect right then (which was *why* she was in the hospital), she frequently walked up to the angry woman in blue and tried to be her friend. Every time this happened, the gigantic woman in blue would lunge at the red-headed girl and look, each time more than the time before, like she was about to send the ginger to immediately meet her maker. One time this was happening in the cafeteria, and nobody on staff seemed to notice that a psychotic woman's life was under immediate threat. "You worry about *you*" is just not realistic in that sort of situation, so I walked up to a staff member and tried to gently nudge her to keep an eye what was going on.

"Um, just so you know, [humongous girl in blue] has tried to kill [redheaded woman] before."

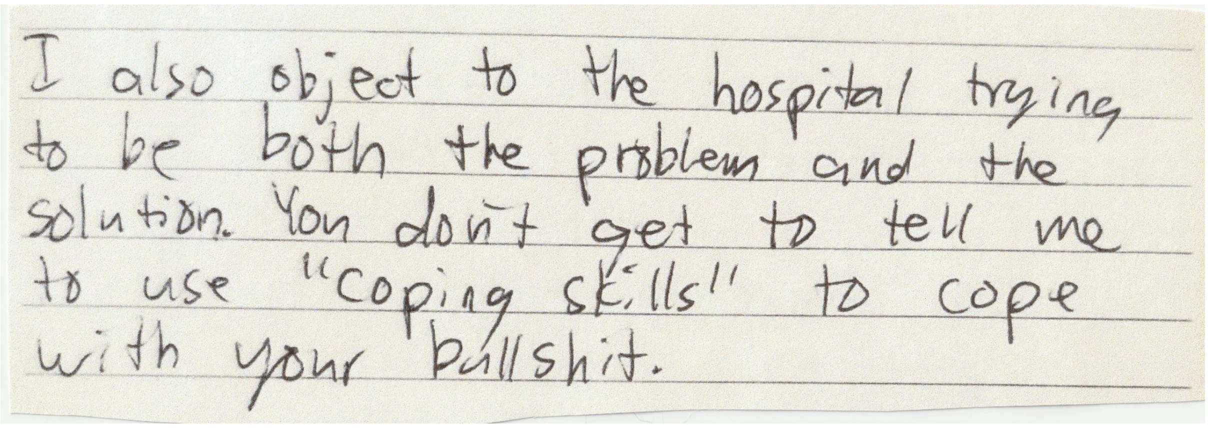
"Mm-hmm," replied staff, knowingly. "Maybe she should stay away from her, then."

Apparently, we had reached a point where staff was openly willing to allow a patient's life to be at risk so she would learn her lesson about having a psychotic episode and not do that anymore. This is "behavioral health" in Massachusetts.

Finally, one day I was spending time in my room (rather than in the day room hoping that a group would happen so I could get group credit), and staff told me that I should go out in the day room (where Gigantor was lying in wait and it was only a matter of time before she killed someone). I pointed out that I didn't want to go into the day room because Gigantor was lying in wait, and it was only a matter of time before she killed someone. Staff urged me to use my "coping skills." In yet another think-it-don't-say-it, I noted that it's really not skillful to intentionally put yourself in harm's way and ignore justified fear of an immediate threat, by utilizing deep breathing and meditation (which were basically the only "coping skills" allowed on the unit). But at HBM, "why don't you use your coping skills" is synonymous with "I don't care about your problem," so I got the message.

Once I was coerced by severe threats to sign the conditional "voluntary," I also had to accept that laundry was going to have to happen. I had the clothes that I had come in with, and I had the t-shirt and scrub pants they gave me in admission. I had tried numerous times to ask staff to let me into the laundry room, but they were very busy and admonished me to go away and stop interrupting their important tasks. I had bought some time by finding a rare staff member who had a soul and begging him for extra t-shirts. The scrub pants were usually available behind the nurses' station, so I was pretty sure that those were supplied by the hospital's linens system. The idea that pants were supplied by the hospital but not shirts made no sense, but neither did anything. However, this didn't last forever and finally, I couldn’t take it anymore and just took all but one of my t-shirts with me into the shower. When I was on travel-study to Nicaragua in 2009, my host mom taught me to wash laundry by hand in a river. This was not a perfect preparation for washing laundry by hand with body wash in a shower in a mental hospital with no rock to use as a washboard, but it was good enough. The smell was so bad that I washed the shirts over and over, scrubbing the armpits and rinsing again. The hospital was constantly running out of soap, but I managed to get them reasonably clean and they were dried within 24 hours. My roommate was so inspired that she did the same thing with her laundry, since she had been having a heck of a time trying to get staff to let her use the machine, too. I have so many lines in my journal that were just like, “It’s like nobody has asked them to wash laundry before,” and “I don’t understand how we’re supposed to wash laundry.” One night another good soul happened to be working, who was usually assigned to a different unit, and he put my laundry in the machine in the same way I would if I were working in that type of facility: he just did it, and seemed surprised that I was shocked by the gesture. Now, most hospitals do allow patients to be the ones to physically place laundry into and out of the machines. They’re right there, so it’s not like it gives us any actual additional freedom, but it somehow has a slight essence of empowerment. This was definitely completely forbidden at HBM. But, somehow, I managed to get clothes cleaned and all it took was a ton of mental preparation and a whole bunch of angry rejections.

At this point, I was physically breaking down. My resting pulse is usually in the 90s, but it had been high several times during the first week. Once I had been told that I had to sign the conditional “voluntary” if I didn’t want to lose everything that gave me a reason to live, my pulse went up. Sometimes I could manage to get it down to normal by taking hydroxyzine and using the “coping skills” that staff assumed I hadn’t been using independently of them for most of my adult life. But around the time I was forced to sign the conditional “voluntary,” my pulse started being usually in the 110s. Over the weekend, it was usually in the 120s. The next week, there were two occasions where it was in the range of 130-135 when I was at rest. I gently tried to ask the person taking checks if that was normal, in hopes that they might notice that it definitely was *not* normal and perhaps I was in excruciating pain and they should do something to intervene other than assume I wasn’t holding up my end with “coping skills.” I don’t know if the people taking vitals were lying or just honestly didn’t know what they were talking about, but they would just say, “Oh, yes, that’s normal! That’s good!” or something to that effect.



I also object to the hospital trying
to be both the problem and the
solution. You don't get to tell me
to use "coping skills" to cope
with your bullshit.

Forming a New Strategy

But the most important thing that I had to do during the weekend, was completely overhaul my approach to staff interactions.

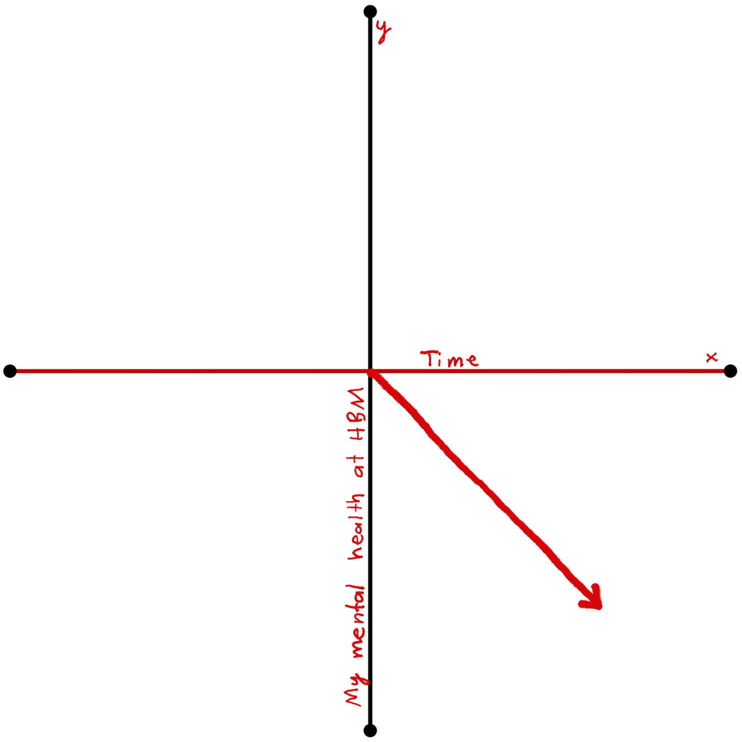
As negative as my interactions with hospital staff had been, somehow, I had to work with these people to get out. It was a confusing arrangement, because staff was far from transparent about anything, but I did feel that their assessment of my mental health would have *something* to do with when I discharged. There was definitely nothing written down about the criteria to leave, but just given that it was a mental hospital, I assumed that there had to be some legal requirement that they take mental health into account. So in order to get out, I was going to have to make it look like my mental health had returned to baseline.

The good news was that, for me, SI typically resolves on its own within about 48 hours. I had gone to the emergency room in an abundance of caution, just be somewhere safe to wait it out. So, if I hadn't gone to the emergency room and had toughed it out at home, I would have already been back to baseline.

The bad news was twofold: first, it was really unlikely that I was going to be able to return to baseline while at HBM, just because part and parcel of being there was the experience of active trauma, and when I'm in active trauma, it compromises my mental health. Secondly, my second-highest value (after empathy) is honesty. That's why it was such a violation of my boundaries that staff did *not* view honesty as a value when interacting with me. But now, I was in a situation where I would lose my life's work and all hope for the future and potentially be locked in a long-term care facility to rot unless they thought that I was emotionally neutral. Not only were *they* not being honest with *me,* but now I was being forced to either lose my little family, or respond in kind.

The Guantanamo Bay Paradox

So. The treatment team wanted me at baseline. Meanwhile, the longer I stayed at HBM, the more psychological damage I was taking on. This is what was going on within me:



The X axis is time, the Y axis is the truth about the state of my mental health while at HBM, and baseline is where x=0. The longer they held me at HBM, the greater the damage to my outside protective factors, and the farther I got from baseline.

In my mind, I named this the Guantanamo Bay Paradox. When I was in Bible college in the late 2000s, I remember a professor who was more liberal than some of the others, explaining the problem:

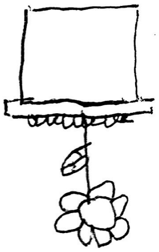
> "I mean, if they weren't radical, anti-American terrorists when they went in, they sure are now."

I probably spent more time thinking about this than some of my classmates. It just filled me with such a sense of horror. We'd captured these people, and we didn't know *exactly* what was going on at the camp, but it was pretty clear that it was bad. The problem was that the longer those people were there, the more likely it was that they harbored anti-American sentiment, and the more hopeless it became that they would ever be released. The more we tortured them, the more we had to keep torturing them.

I'm assuming the staff at Guantanamo Bay were and are a lot more abrasive than the staff at HBM. My point is *not* to compare the level of severity of trauma. My life has been hard, but I'm not on the short list of trauma victims on the radar of human rights advocates at the UN. What I *am* saying is that when I went in, I was having a flare-up of PTSD symptoms and some degree of SI, but it was far from a pivotal moment in my life. But the longer I was there, the more trauma I was taking on. Justina had even specifically said that she couldn't release me because she got "emotional" at the thought of me jumping off a bridge (she could never just say, "harm myself.") I didn't buy that then and I don't buy it now. But replace the word "emotional" with "liable," and everything she was saying checked out. I'd been taken to HBM because I was struggling, but now I was in active trauma. (This was in contrast to what would have happened in most hospitals, where I would have been involved in my treatment plan and most staff view their role as therapeutic rather than punitive.) I wasn't planning on killing myself, but because Justina wasn't willing to listen to me, she didn't know that and had decided that my level of risk was massively higher than it actually was. (Which, if *I* was the one who had had the insight to ask for help, shouldn't I have been assumed to have insight into when I was safe?) Then, Justina reacted to her belief that I was a suicide risk, by locking me in an environment where I couldn't physically kill myself. The *problem* was that, although my risk of suicide was technically very low while this was going on, my quality of life was also zero, and I was taking on more trauma very quickly. Which, statistically, meant that my risk of suicide had already gone up due to the experience. So she couldn't let me go, because if she did let me go and I killed myself and word got out that I had been traumatized while under her care… it would look really bad for her. So because her actions had raised my risk of suicide, she *couldn't* let me go, because it would be a huge liability. Because it would be a liability for her to let me go, she had to keep me in a traumatic environment. The longer she kept me there, the greater the liability if she let me out. The prisoners held at Guantanamo Bay were physically prevented from attacking America while they were there (if they'd ever had any inclination of doing that, which was unclear). **But in some cases, the cost of taking away someone's physical ability to make bad choices, is that the risk goes up that they *will* make bad choices when you give them back their freedom.** Justina had created for herself a legal nightmare, and I was the one paying the price for it.

Writing a Letter

As I re-thought my approach to getting out of HBM, it finally occurred to me to write a letter to my treatment team, which seemed to loosely consist of Justina, Chika, and Ariel. At that point, I had been trying so hard for so long to get a word in, that it had become absolutely obvious that verbal communication was a no-go. In absolute desperation, I procured some blank paper, and wrote a note. I tri-folded it, drew some flowers on it in hopes that it would increase the likelihood that anyone would be willing to take the time to read it, slipped it under Justina's door, and silently prayed that nobody threw it in the trash. I told myself that from what I could tell, custodial staff were normal people with a normal capacity for empathy, so that bolstered my hopes. Weekend staff did let me make a photocopy of the letter before I slid it under the door, which is why I can now share it with you now:

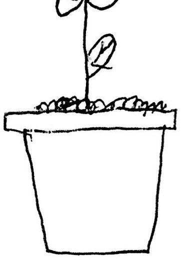


To my treatment team,

From Phoebe

To my treatment team,

From Phoebe



To my treatment team:

Page 1

Recently, I was at [redacted]. This came after a very extended time with no hospitalizations. I was proud of myself, because I'd worked for years to build a "life worth living" (a DBT concept), and I finall had it. But I hit a bump in the road, so I went to the Emerg Room and asked for help. I felt better when I discharged, and they told me to come back if I ever needed anything.

Sometimes, readmissions happen, but it's not the end of the world because I always seek help when I need it. So I took an Uber to the emergency room and asked for help. I may have exaggerated the situation a little bit, which I know was wrong. But they sent me here to HBM. Unfortunately, my previous experience with this hospital was that it's been harmful, which is very much what's happenning now. However, Anna found a solution with the CCS, which I've done before and found useful.

The reason I'm scared beyond scared is because plans seem to abruptly change, and people get mad at me for having expected the plan to happen. For example, Katherine said on Wednesday night that I would discharge the next day, but the next day, people were angry that I expected to leave that day. Justina did sit down with me (to her credit), and promised me several times that we would have a meeting the next day at 9am and I would attend it, and someone else would join ~~the~~ over zoom, etc. The next day at 9am, I got quite frankly blown of because no one would even talk to me, let alone acknowledge that we had a meeting scheduled and plans had changed. If I had at least gotten that, I would have felt like I was getting honest answers rather than "we never said that" and gaslightin

So I'm terrified because it feels like people still aren't being transparent about the plans, so I get my hopes up (See reverse) only to have them dashed at the time they were expected to be fulfilled. Meanwhile, the life that I worked so hard to build is falling apart. I was supposed to teach summer school, but orientation would have been last week, so it's unlikely that I can get orientation repeated just for me. Plus, it's humiliating to go back to work with a doctor's note with psych hospital letterhead. So that's gone, but it was a temporary gig anyway. I'm more concerned about my animals. I'm 34 with no kids (although I've always wanted them) so my animals are my kids. I have a turtle named Tannîn (pronounced tah-NEEN, Hebrew for alligator) and a new kitten with black fur who I named Lucky. I can get people to drop in here and there, but they're just not getting adequate care and it's hard to know what to do for them when I know nothing about what's going on with discharge and plans change the day of. Secondly, being able to ask for help and be totally honest with providers is a huge protective factor for me. When I'm here and forcibly disempowered and given zero input into my fate, it jeopardizes my ability to ask for help in the future. Thirdly, I could lose my apartment because I'm missing recertification, plus this unit is greatly exacerbating my PTSD symptoms.

Here's what I'm hoping for: I want to ~~disch~~ discharge to the CCS and get treatment that will help me. If you can't do that, I want you to make time for me and be honest with me. Please tell me the names of the "higher-ups" and where each individual stands and what's really happenning. I'm of at least average intelligence and I promise I will be able to comprehend heirarchical structure. (hierarchical? I don't have spell-check.) I know that this will take time out of your days, but please remember that I am also a professional and I'm currently having to spend my <u>entire</u> day <u>every</u> day waiting and hoping and praying for answers.

Anyway, hopefully it doesn't come to that! If you discharge me, please note my protective factors:

1) I would never screw over [redacted] after she advocated for me to leave
2) I have an excellent outpatient med prescriber and am on the waiting list for a therapist. He said "within a month" an that was at least a week ago.
3) The overall trajectory of my life has been improving since 2021.
4) I have animals who love and need me
5) I have strong social supports. They might live far away from me (~ an hour) but we talk frequently and we love each other
6) I know my values (empathy, honesty, and veganism - which I would be happy to evangelize you about...)
7) I have life goals (write a book, which I've already started on, and have kids)
8) <u>As evidenced by</u> what was said in the emergency room, when I'm struggling, I seek help and advocate for myself (which is why I'm currently advocating for CCS.)

None of these things happened overnight. I had to work for years to get them. Now, I'm asking you to be the ones who helps me move forward, not the ones who take all these things away.

Thank you,

[redacted]

Secondary Values

Another thing that happened over the weekend was I had to take a long, hard look at my values. My chief value is empathy, and my second value is honesty. Most of my other values stem from those two. In this case, my cat was suffering; my turtle was at risk of getting sick or dying without specialized, species-specific care; and I was in danger. All of this forced me to make a mental shift and recognize that I might have to compromise my attachment to honesty for the rest of my stay. Sometimes, we have to compromise one value for another in an emergency, and this was going to be one of those cases. So, while I still cared about honesty, I had to make a mental shift and accept that there was a very strong chance that my values would end up conflicting with one another in the days ahead, and I would have to choose empathy. And just so you know, being forced into a position where I faced that ethical dilemma and had to make sacrifices like that, added to the overall psychological damage I sustained while at HBM.

Monday

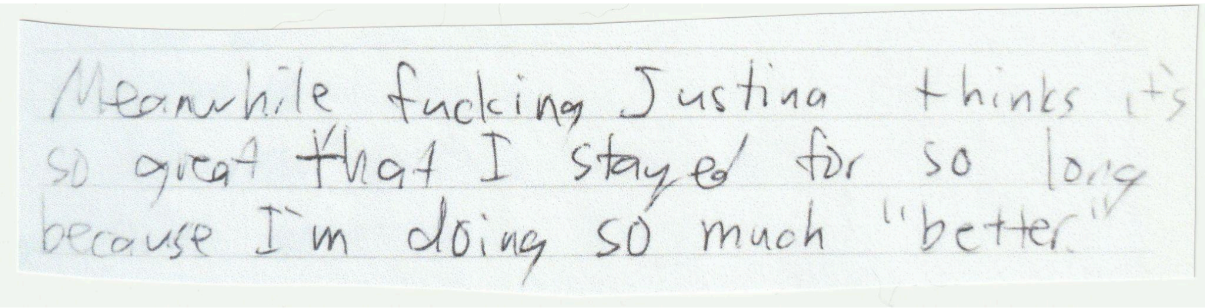
The note apparently worked because on Monday, I was surprised to see that Justina had softened. It's not like she was going to acknowledge having caused severe, long-term damage to my mental health while operating under the guise of improving it. But she seemed to believe me that I needed to leave.

"I got your letter," she said. "It was *long*. But now I understand from your perspective."

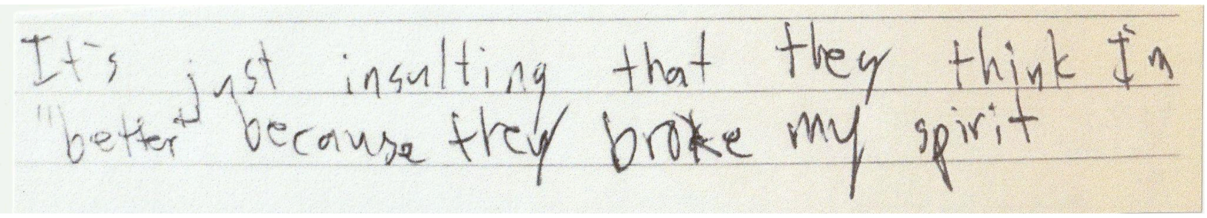
I bit my tongue. First of all, three pages handwritten is significantly less than three pages typed. I'd even had my quirky roommate proofread it for me, and as she later confirmed, it was "a couple minutes' read." Apparently this was toward the upper end of Justina's window of tolerance, which made me question whether she had time management issues, or reading comprehension issues.

Secondly, *why* did it have to come to that for her to see my perspective? Why did I have to independently devise and enact a plan to communicate with her in writing, in order to get her to stop interrupting me for long enough for her to have a clue what was going on with her patient?

But, I had to kiss up until I was out of there. The first week, I had been clinging to the last shreds of plausibility that Justina could be therapeutic. After that, I just had to stroke her ego so she wouldn't hurt me anymore than she already had. "Nothing's lost," she said, "It's still good that you signed the conditional voluntary and got a few more days here, because you're so much better now than you were."



Meanwhile fucking Justina thinks it's so great that I stayed for so long because I'm doing so much "better."



It's just insulting that they think I'm "better" because they broke my spirit

When I was a small child and someone much larger and stronger than me seized me and I knew that they were about to start violently assaulting me, my first reaction was to scream in terror. Honest to god, it wasn't a voluntary reaction; it just happened. But to an adult whose absolute favorite parenting book is *To Train Up A Child* by Michael and Debi Pearl, this initial reaction of terror appeared to be defiance. As they started hitting me, the screams continued, still outside of my control. But without my having control over it, there was always a distinct point at which my cries changed. I was no longer screaming out in terror, my muscles were no longer stiff. I would suddenly feel myself go limp, and the cries I heard coming from myself were moans of defeat. This was when my attackers felt that they had been successful. In the name of Jesus, they were destroying my innate sin nature and replacing it with godliness.

Justina had gotten me to the point of the "second cry", and she, too, felt that she had succeeded.

I did try to find some safety in her new and slightly more gentle demeanor, so I was open with her again that I was afraid of her because she had the power to hurt me and didn't seem to be afraid of doing it.

"Do you at least acknowledge that there's a power imbalance?" I asked.

She replied, "There's no power imbalance, I have no power over you. I don't decide when you get out."

"Okay," I said, trying to give her the benefit of the doubt despite everything in my prior knowledge of how inpatient mental healthcare works, "so can you give me the names of the people who do make that call?"

"Oh," she replied, "that would be the provider…" Her voice trailed off. I dropped the issue.

After the weekend, the social workers also seemed a bit more convincing when they said they were actually, genuinely working on getting me into a CCS. "I think it'll be today," Chika smiled.

Trying to continue to toe the line, I went to Chika's stupid group. Besides, the usual format of my conversations with her and Ariel were:

1. I find them in the hallway (because they're *never* going to independently seek *me* out)
2. I say whatever I need to say as quickly as possible, paying extreme attention to word order in the inevitable case that I was cut off
3. They yelled at me and demanded that I leave them alone

The reason I continued to put myself through this was because sometimes, the third stage *did* result in my getting information that I needed. For example, when Ariel had yelled over her shoulder on Friday that I wasn't actually leaving, that was information that I wouldn't have gotten otherwise. While what they wanted was absolute passivity and my never to approach them, I knew that if I did that, they would never make time to work on my discharge. I was thus forced to make them angry in order to make them stop hurting me.

So, I went to Chika's group. It was on boundaries. I was pretty good at biting my tongue, but this was too much. Trying not to sabotage myself, I just left the group, went back to my room and wrote,

> "Fucking Chika running a group on boundaries after she violated my boundaries massively by completely traumatizing me for life, and then she acted like her boundaries were violated when I took a few minutes of her day to ask her to stop hurting me. The idea that she considers herself to be a mental health mentor, as though she didn't blatantly have a personality disorder, is appalling."

For reference, the "personality disorder" concern was primarily founded less on boundaries and more in the fact that virtually everything she had ever said had turned out to be a lie. She didn't even seem to *notice* that she was lying. One time, she indicated that she was just on her way to call one of my outpatient providers and that was the very next thing that she was going to do. Then she walked directly into a group room and started overseeing an intern running the group. My thing was, mere *seconds* prior, she had been planning on calling the outpatient provider. Now, she was "in a group" and I was completely out of line for expecting her to do this, because obviously she couldn't do it while she was in a group. My thing is, if you're not planning on doing something, don't promise to do it. This had been her M.O. for the entire admission; she would say whatever she could say in the moment to pacify me, but she had absolutely no plan or intention of doing the thing, and she absolutely was planning to "forget" what she had said if I ever brought it up again. But this was different, because she had *just* said that making the call was the next thing she was going to do. If she'd been about to go to a group, why not say, "I'm going to supervise a group now, but I'll call your provider afterwards." I stood in the doorway to the room, incredulous, even after having had over a week to get used to her.

"But you said…"

Chika physically closed the door of the room to shut me out, as though I was disrupting the group and being totally inappropriate. But I don't disrupt groups. This wasn't an issue of my being a disrespectful person. This was about my normal expectation that when someone makes a promise, they have *some* intention on *some* level of at least looking like they were ever planning to complete it.

Someone who had been in the room later told me that Chika had told them after she blocked me out, that she couldn't call the provider because she was waiting for an email.

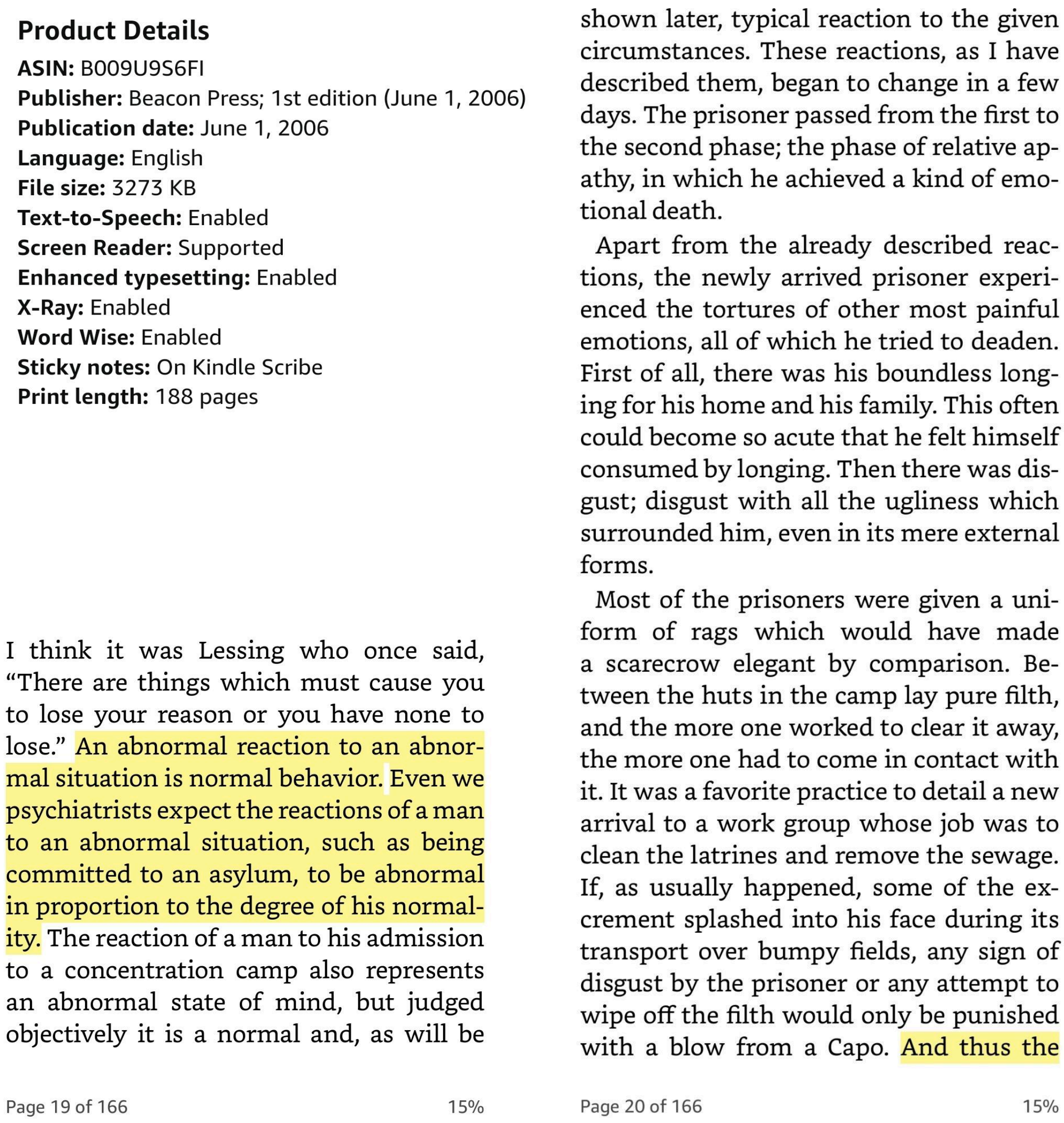
So, why didn't she say, "I can't call your provider because I'm waiting for an email"?

Remembering I Wasn't the First

Chika wasn't alone. She might have been the *most* dishonest person on the floor, but very few people on staff had any respect for us, or recognized that we were the same species as them and our needs and lives were as important as theirs. This colored every aspect of everything that happened in the environment, because when people are locked in absolutely abnormal circumstances, even if they *aren't* compromised to begin with, they will begin to behave abnormally. This led to constant outbursts. The outbursts scared me at first, and when I heard screaming, I wanted to listen and figure out whether the person was (usually justifiably) angry at staff, or generally psychotic and on a rampage (which would have been a threat to *me* if I was in the vicinity). But after a little while, I just acknowledged that I was chronically at an elevated risk of violent death. I knew how PTSD worked and I knew that it would take a lot of effort to recover from the experience after discharge, but there also was just nothing I could do in the moment.

Interestingly, both the outbursts and my reaction to them have been documented before. About two years prior, I had read *Man's Search for Meaning,* by Viktor Frankl. Now, I am in no way saying that the experience at HBM was equally traumatic to Frankl's experience at Auschwitz. That is one thing that I think he and I would have agreed on. But, at the same time, Frankl wrote his book *after* the Holocaust, so it's not like his intended audience was going to be other people also at Auschwitz. He wrote the book for ordinary people going through times of extraordinary stress. Being forcibly trapped in an unsafe environment with absolutely no agency over any aspect of my life, no validation from literally anyone, and the constant, total, crushing fear of losing everything I had waiting for me on the outside… was certainly a time of extraordinary stress. I truly wished I could procure a copy of the book while I was trapped at HBM, but instead I was just able to rely on my best memory. And I suspect that Frankl would have smiled to know that it was an ongoing source of comfort for my two-week ordeal.

This is technically a DMH complaint and not a scholarly writing, so in lieu of an APA citation, I've included a screenshot of the product details. My version was on Kindle under ASIN B009U9S6FI. I did preserve the bottoms of the pages in my screenshots, so the page numbers would be visible.



Product Details

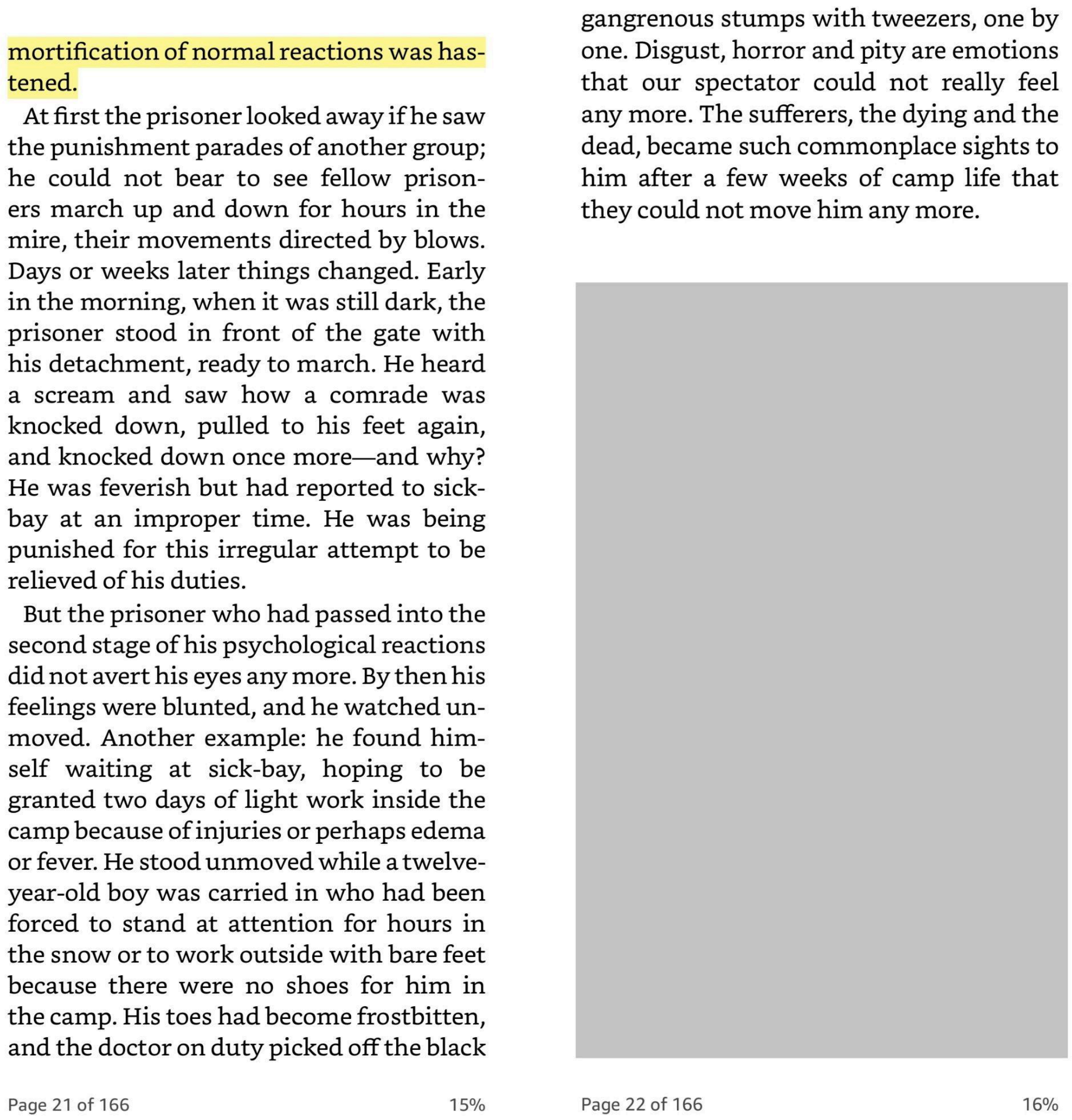
ASIN: B009U9S6FI
Publisher: Beacon Press; 1st edition (June 1, 2006)
Publication date: June 1, 2006
Language: English
File size: 3273 KB
Text-to-Speech: Enabled
Screen Reader: Supported
Enhanced typesetting: Enabled
X-Ray: Enabled
Word Wise: Enabled
Sticky notes: On Kindle Scribe
Print length: 188 pages

I think it was Lessing who once said, “There are things which must cause you to lose your reason or you have none to lose.” An abnormal reaction to an abnormal situation is normal behavior. Even we psychiatrists expect the reactions of a man to an abnormal situation, such as being committed to an asylum, to be abnormal in proportion to the degree of his normality. The reaction of a man to his admission to a concentration camp also represents an abnormal state of mind, but judged objectively it is a normal and, as will be

shown later, typical reaction to the given circumstances. These reactions, as I have described them, began to change in a few days. The prisoner passed from the first to the second phase; the phase of relative apathy, in which he achieved a kind of emotional death.

Apart from the already described reactions, the newly arrived prisoner experienced the tortures of other most painful emotions, all of which he tried to deaden. First of all, there was his boundless longing for his home and his family. This often could become so acute that he felt himself consumed by longing. Then there was disgust; disgust with all the ugliness which surrounded him, even in its mere external forms.

Most of the prisoners were given a uniform of rags which would have made a scarecrow elegant by comparison. Between the huts in the camp lay pure filth, and the more one worked to clear it away, the more one had to come in contact with it. It was a favorite practice to detail a new arrival to a work group whose job was to clean the latrines and remove the sewage. If, as usually happened, some of the excrement splashed into his face during its transport over bumpy fields, any sign of disgust by the prisoner or any attempt to wipe off the filth would only be punished with a blow from a Capo. And thus the



mortification of normal reactions was hastened.

At first the prisoner looked away if he saw the punishment parades of another group; he could not bear to see fellow prisoners march up and down for hours in the mire, their movements directed by blows. Days or weeks later things changed. Early in the morning, when it was still dark, the prisoner stood in front of the gate with his detachment, ready to march. He heard a scream and saw how a comrade was knocked down, pulled to his feet again, and knocked down once more—and why? He was feverish but had reported to sick-bay at an improper time. He was being punished for this irregular attempt to be relieved of his duties.

But the prisoner who had passed into the second stage of his psychological reactions did not avert his eyes any more. By then his feelings were blunted, and he watched unmoved. Another example: he found himself waiting at sick-bay, hoping to be granted two days of light work inside the camp because of injuries or perhaps edema or fever. He stood unmoved while a twelve-year-old boy was carried in who had been forced to stand at attention for hours in the snow or to work outside with bare feet because there were no shoes for him in the camp. His toes had become frostbitten, and the doctor on duty picked off the black gangrenous stumps with tweezers, one by one. Disgust, horror and pity are emotions that our spectator could not really feel any more. The sufferers, the dying and the dead, became such commonplace sights to him after a few weeks of camp life that they could not move him any more.

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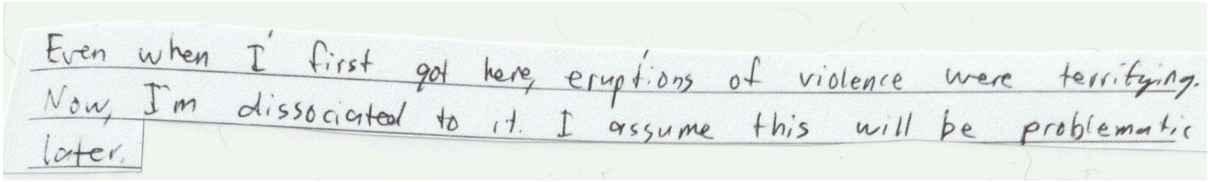
Those who were having outbursts had not yet passed into the second phase. The patients who had been there the longest, definitely had.



Even when I first got here, eruptions of violence were terrifying. Now, I'm dissociated to it. I assume this will be problematic later.

Back to Monday

As a kid, if I ever procured anything desirable, no matter how much I wanted to actually use it, I just couldn't make myself. I remember coming back from the bank one time and they had given me a lollipop. I felt such a strong compulsion to "save it for later," that I stashed it in my cabinet, even though I knew even in the moment that "later" would probably never come. But it felt better to have the lollipop stashed away safely, than to use it and potentially never have another lollipop ever again. My parents thought this was dumb, and when they saw me hide treasures like this, they yelled at me. One time they even canceled my kids' magazine subscription because they said I wasn't *doing* the activities in it. But I was just so afraid of never having the thing again, that I wanted to believe that there would be magazines and lollipops in my future.

I think it was Monday of the second week, a kind staff member finally had scouted the whole building and managed to get journals onto unit 2A. I was *so* thankful when he gave me mine, that I stashed it on the otherwise-bare shelves in my room.

Unfortunately, that turned out to have been a mistake. Thanks to my roommate's contraband, we were still getting room searches daily at 3pm. However, since obviously there was no way to smuggle in *new* contraband, I can only assume that they'd gotten discouraged from never being able to find anything to confiscate. So when I went in my room shortly after 3pm, the journal had silently disappeared. Thankfully, the same staff member *did* check me out another one, and after that, I kept it on my person at all times, tucked in my folder that I got from admissions. I clung to that folder always, even tucking it partially underneath me when I slept at night.

Tuesday

Lo and behold, these instincts actually served me well because on Tuesday, I got the news that I wasn't leaving. Well, I wasn't leaving *that day.* Which, this was the day of the already-postponed and solemnly-sworn discharge for *real*. Ariel did manage to reach out to a CCS, and she said that I would be doing the intake the next day at 12pm. I asked about a ride, and she said that the intake would actually be virtual, since the CCS had "strict criteria" for entry, and if they rejected me, they would want me to still be in the hospital so they wouldn't be "liable." Oh, and HBM also was adding to their ever-lengthening list of demands. First they had been planning to discharge me on Thursday of the previous week. Then they wouldn't do it without sending me to a CCS. Now they were saying that I needed to be set up with a VNA. Additionally, when I told my ACCS worker that my treatment team had told me that she had agreed to personally drive halfway across the state to drop me off at the CCS, she was like, "I specifically said I could not do that." Every time I met all the items on their list of demands, new demands spawned, until eventually they ran up against something that they couldn't actually get. I worried that they wouldn't let me leave without an escort from a clinician, and it felt more and more like they were planning on putting me on a Section 3 with Laurabeth, or at least holding me for several months.

It was Tuesday afternoon. If I signed a "3-day" immediately and it wasn't rejected, I could still be out by Friday afternoon and potentially have some semblance of a life left to return to. It was a risk, because there was every reason to believe that they would "file" on me, and I would be there for long enough to experience massive personal loss. I also did not know, and had no way of finding out, whether they would still be willing to send me to a CCS. It seemed possible that that had been contingent upon my being considered "voluntary."

On the other hand, I did not know and had no way of finding out what the "criteria" were for the CCS. The treatment team seemed to be some of the most thoroughly dishonest people who I had ever personally known or interacted with, and nothing they'd promised had *ever* actually transpired. If I had at least been able to ask social work for the contact information for the CCS so I could find out their list of criteria, I would have been more able to gauge whether I would get in. But I had interrupted their days enough times at that point in the admission that there was no way to know if it would even be possible to get their attention. And if I did, there was the ever-looming threat that if they got angry, they would fight harder to hurt me.

I had everything to lose, and they had nothing to lose. If they did decide to “file,” I could lose my home and my little turtle-and-cat family, while the worst that could happen to them was that their workload from 9-5 could look slightly different.

I could continue to try to work with the team in hopes that one of their promises would come true, or I could completely give up and risk my whole life if it meant I could get a lawyer.

It’s been noted that people outside of the situation always can see what should have been done right at the beginning, and the person *in* the situation (whose brain is compromised by a terrified amygdala) couldn’t think straight enough to brainstorm the options. But it finally clicked to call the “Legal Resources” listed on the bulletin board behind bullet-proof glass. I dialed the first number and they said to call the HRO. I pointed out that I had been trying to get through to him for weeks and it sounded like he’d been MIA for much longer than that. This piqued her interest and she gave me another number to call, saying that she would also personally follow up on the HRO situation because they’re legally required to have one. (Why did I not know that? *Because there was no HRO to tell me that.*)

I called the second number and the woman advised that I sign a “3-day” immediately.

“But they said that if I did that, they would make me stay for even longer.”

“Okay,” she replied, with a calmness and genuine interest in my wellbeing that made me feel like she was reliable. “I’m not saying that this is what’s going on in this specific case. But saying that is a tactic that they use to get people to sign in voluntarily.”

Somebody was acknowledging the reality of the tiny, horrible universe that I had been living in for over a week.

I was scared. I tried to keep just within the edge of eyeshot of the social workers’ shared office, hoping that I could talk about it with the people who had absolute legal authority over my being. But they were unreachable. So on Tuesday at 2:50pm, I signed the paperwork to officially fight back.

I didn’t see social work again that day, and besides, I was afraid to bring it to their attention that I was no longer going to passively let them hurt me and hope they eventually stopped. It felt like calling conscious attention to that information might make them even more likely to cancel the meeting with the CCS the next day.

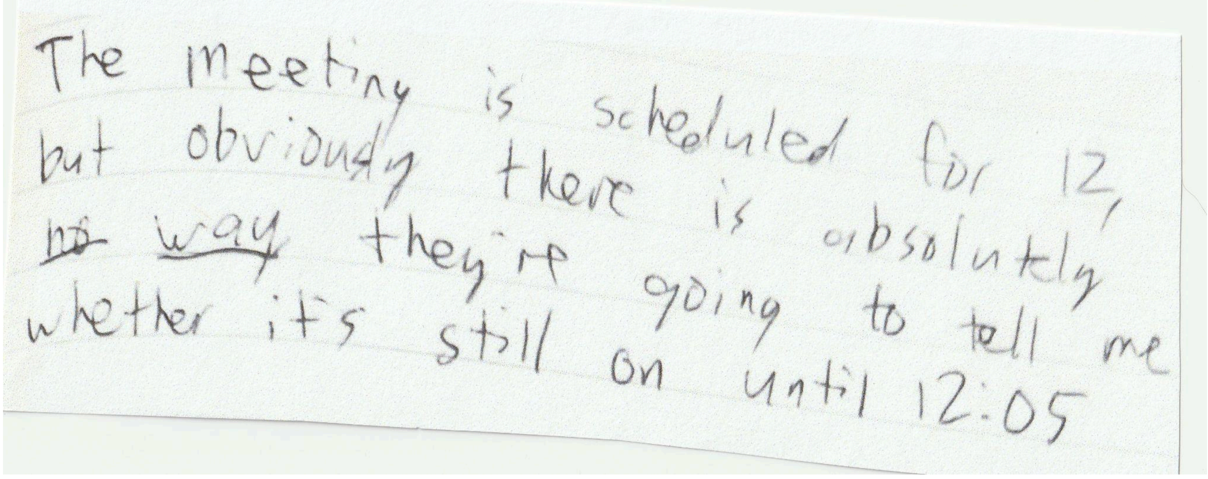
I did advocate at the nurses’ station to get a copy of sections 10 and 11 in the Massachusetts state law. (It would have been nice to obtain section 12 as well, but it sounded like that section no longer applied to my situation.) Obtaining this text was not easy. First of all, it was one of the things that people superstitiously believed was in the admission packet that I had scoured through and held on my person at all times. When I protested that it wasn’t, and really really made it clear that this information was not on any piece of paper that had ever been in my possession, they said I would have to go through medical records. Which would have been both impossible and irrelevant. I didn’t want my own personal records; I wanted a word-for-word PDF of the state law. Not help understanding the law. Literally just the law itself. After a while of getting the runaround, a nurse who actually did seem to care about her patients figured out what I was saying, believed me that it wasn’t in the admissions booklet, and googled the PDF. Moving forward, please put sections 10, 11, and 12 in the admissions pamphlet at the outset, because some of us can and do read.

As I anticipated, the excruciating chest pain that had been increasing and that I had grown used to over the duration of the stay, got even worse. I had actually been starting to worry over the weekend, because in addition to all the “normal” physical agony involved in experiencing that level of terror over that length of time, I had started to notice weakness in my legs. I’m not medical and I didn’t have access to the internet, so there was absolutely no way that I could know if that was a potential sign of a cardiac event or something. And, like everything else, it was a gamble. First of all, even though the medical doctor actually was cool, convincing nursing staff to reach out to her was virtually impossible, and it would have been *absolutely* impossible over the weekend. The hemorrhaging woman I described earlier had tried screaming at them for hours, and the only result was that staff could be heard talking openly amongst each other about how “that woman in the glasses” was just awful. Meanwhile, another woman had been violently throwing up, and staff aggressively yelled at her that “You can’t do that in the hall.” It seemed that trying to get medical attention over the weekend had almost no chance of success, and a high risk of getting horrible things put in the notes that would result in a longer stay. I began to think long and hard about people I’d known who had had heart attacks. I was pretty sure that I’d heard of people having a minor heart attack who didn’t know about it and survived. So, theoretically, if I *did* have a heart attack, there was a chance that I would still survive until discharge without staff noticing and I would be able to seek medical attention on the outside. Conversely, if I actually had had a minor heart attack and I alerted staff and they believed me and sent me to a medical hospital, I still would have to have a “sitter” watching me and I would still be on HBM’s caseload. Which meant that the time at the medical hospital would be *added* to my time at HBM, and my actual discharge date would be postponed. I reasoned that I would have to assume I was probably not having a heart attack and that even if I was, the best and most reasonable course of action would be to tough it out until I was discharged and *then* do whatever I had to do to get help. I’d been cutting my losses this whole time, anyway, so I could just add damage to my heart and potentially abbreviated lifespan to the list of casualties. I wondered if that would make it impossible for me to achieve my ultimate life goal of having a child. But I was in active trauma, and I just had to do whatever I had to do to get *out* of active trauma, and I would trust myself to figure out the rest once I was home and safe.

Fortunately, at the beginning of the second work week, the medical provider was on the unit and I approached her. This seemed to never make her angry or aggressive, and she said she would check in with me later that day. Which, she then kept her word and *did* check in with me later that day, which is the type of reasonable behavior I had been used to in interpersonal situations in my prior life. I didn’t tell her how much time I had spent working out all possible *if, then* scenarios and risk/benefit calculations over the weekend. She listened to my heart and validated that “it *is* fast,” but she went on to say, “but it’s *steady*, and if there are at least some points in the day when your pulse is in the normal range, there shouldn’t be any long-term damage to your heart.” I wondered if she could tell how relieved I was. This wouldn’t be the thing that kept me from becoming a mother.

Wednesday

I was in pain, but I was surviving. As Wednesday ticked on, I waited on baited breath to find out if they had gotten word that I’d signed the “3-day,” and whether we would actually be having the meeting at 12pm. Which, honestly, felt like it would have been a longshot *anyway*, given how all the previous appointment times had panned out. I hung out in the day room, trying to be unassuming, but available in case there was a meeting. Despite my knowledge that a meek presentation was my only hope at escape, deep down I was angry.



The meeting is scheduled for 12,
but obviously there is absolutely
~~no~~ way they're going to tell me
whether it's still on until 12:05

Surprisingly, the meeting did happen. Ariel called me into hers and Chika's office, and she had the CCS on the phone. She handed the phone to me and let me sit down *in her office* as she ate lunch. I nervously watched her every move, as tuned-in to the nuances of her emotions as I ever had been with my parents.

"Are you looking for a therapist or a prescriber?" the woman on the phone asked.

"No, I have those," I said. I mean, the therapist component was shaky but that was on my list of things to take care of after I was discharged to safety.

"So what are you looking for?" she asked, in a way that made me feel like she was stable.

"I mean, I'm just looking for a step-down program after an inpatient stay," I explained.

The woman continued to *not* freak out, but she had to walk over to what seemed like an adjacent building. Evidently Ariel had accidentally reached the wrong department; the CCS was next door. In fact, the CCS had had beds the whole time and could have taken me right away on Tuesday rather than scheduling an intake for 12pm. That had only been set up because they thought that what I needed was outpatient providers.

The person running the CCS quickly moved into the nitty-gritty and asked what insurance I had. I told her my primary and secondary insurances.

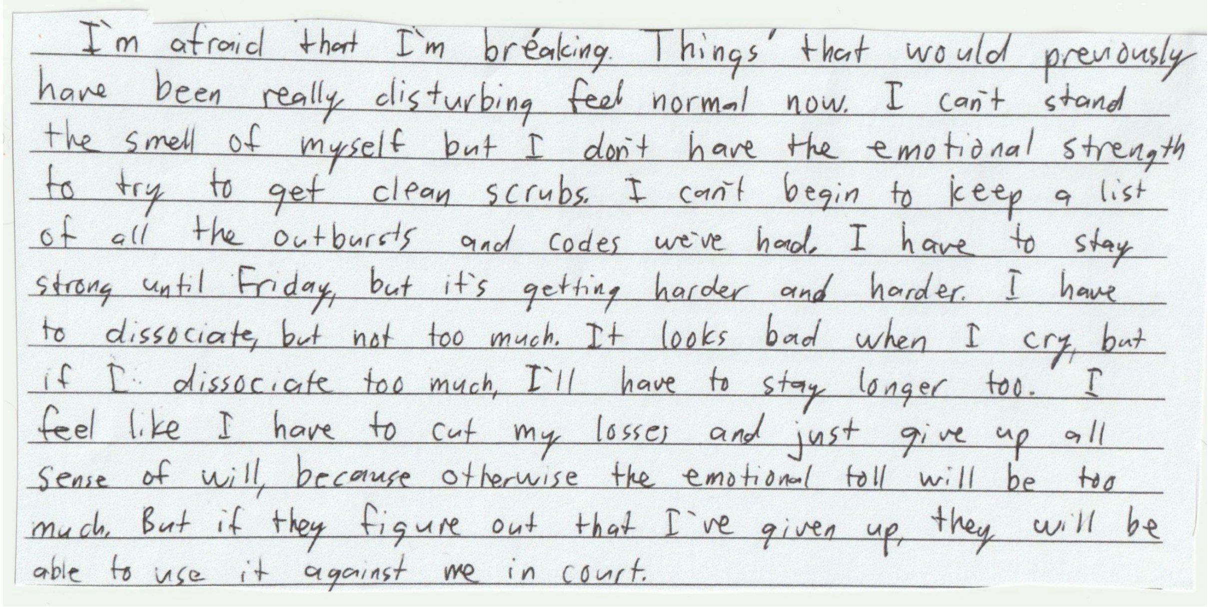
"Oh, unfortunately we don't take either of those," she said. She suggested that if I ever got a different insurance plan, I could try again. But obviously, that wasn't going to happen in the next 24 hours.

Ariel was so dejected. "I put a lot of time and work into that," she lamented. In the moment, I couldn't understand why she had put in all that time and work without checking first whether insurance would cover it. In the days after discharge, once my expectations of people returned to my adult baseline, I was able to recognize that it was also a bit weird that nobody thought to check in as to whether *I* was emotionally okay.

I asked what the plan was from there, and they said I would just have to wait for another CCS to call them and see if they took my insurance.

That was when I knew in my soul that legal resources had done right by me. HBM had tried to tell me I was hurting myself by trying to fight back, and my trauma made that seem like a legitimate threat. But if I hadn't signed the "3-day," I would have been *for sure* staying another weekend. And Friday night was my social supports' hard out for pet care, meaning it was the deadline by which I had to be free before experiencing serious consequences. (They felt terrible about it, but one friend had to travel for work and another was having a baby.)

I had at no point ever in this admission had the slightest say in my treatment plan. Everything was about dominance, control, and punishment, "...because of what *YOU SAID* about a bridge!" As unorthodox as this felt, it felt even more strange that they became explosively angry when I wanted information about what my treatment plan even *was.* I had sinned with "...what *YOU SAID* about a bridge!" and now I just had to sit, take it, and wait it out. There was still absolutely no way I would know if they were going to "file" until Friday arrived. I would learn what my treatment plan was when the plan unfolded. However, this did mean that I would certainly be at HBM until the last minute they could keep me there, so it would be Friday at the earliest.



I'm afraid that I'm breaking. Things' that would previously have been really disturbing feel normal now. I can't stand the smell of myself but I don't have the emotional strength to try to get clean scrubs. I can't begin to keep a list of all the outbursts and codes we've had. I have to stay strong until Friday, but it's getting harder and harder. I have to dissociate, but not too much. It looks bad when I cry, but if I dissociate too much, I'll have to stay longer too. I feel like I have to cut my losses and just give up all sense of will, because otherwise the emotional toll will be too much. But if they figure out that I've given up, they will be able to use it against me in court.

Later in the afternoon, I asked Ariel if I was "on the calendar" for Friday. This almost-mythical calendar seemed to be the crystal ball as to what would happen with us. Often, they accidentally had too many discharges that needed to happen on the same day, which meant that there was no room "on the calendar." So, potentially, there was the possibility that the calendar would fill up and they would "file" on me simply because the calendar was full. Under ordinary circumstances, checking the facts on incredibly important pieces of information that another person has, is considered a skill. Under HBM circumstances, all that happened was Ariel was indignant and condescending. I quoted her in my journal, this time actually marking the time (which was Wednesday at 4:15pm).

"[redacted] Honey, I don't need you to tell me how to do my job; if the provider lets you leave on Friday then you'll leave Friday."

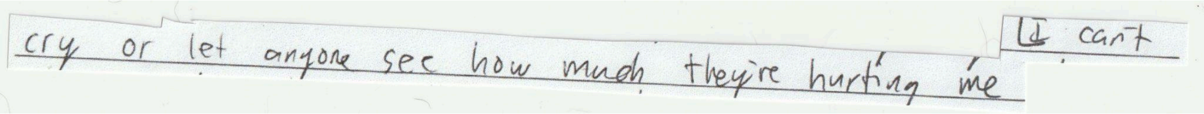
I really didn't appreciate being called "honey," and everything in my body wanted to scream back, "*BUT YOU'VE NEVER DONE YOUR JOB BEFORE!!"*

Fortunately, unlike Ariel, I controlled my body and my emotions. I looked at her, momentarily registered what had just happened, and walked away.

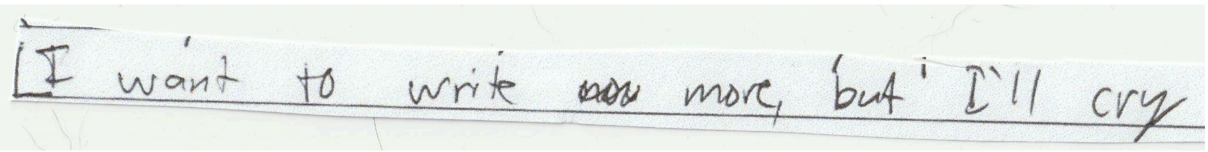
Thursday

The next day was Thursday. In stark contrast to her usual behavior, Ariel actually approached me. She said that I was “on the calendar” for the next day, but it wasn’t until 4pm. Now, back in Louisiana, they never talked about a “3-day.” There, you could “sign a 72.” This meant they had 72 hours to get you out, obviously excluding weekends and holidays. I wished there were a way to know if this was technically how it was supposed to go in Massachusetts, since I had signed the “3-day” at 2:50pm on Tuesday. Meanwhile, I had the additional concern that people routinely sat in the day room surrounded by paper bags for hours after their discharge was supposed to happen. If *my* discharge was scheduled for Friday at 4pm, then was there the risk that they would get behind and run out of time and the woman with the long hair who did discharges would go home and I would get “filed on”? This was the kind of thing where, if someone had been willing to talk to me about it, there was the possibility that they would get mad that I had thought something so ridiculous. There also was the possibility that it could actually happen. And the reality was, there was definitely no chance that I could ask, anyway. I had already been sarcastically referred to as “honey” by a woman who was probably younger than me and probably less competent in most measurable ways.

Somehow, I survived through Thursday. Predictably, the constant physical pain continued to increase, but I just had to keep calm and carry on.



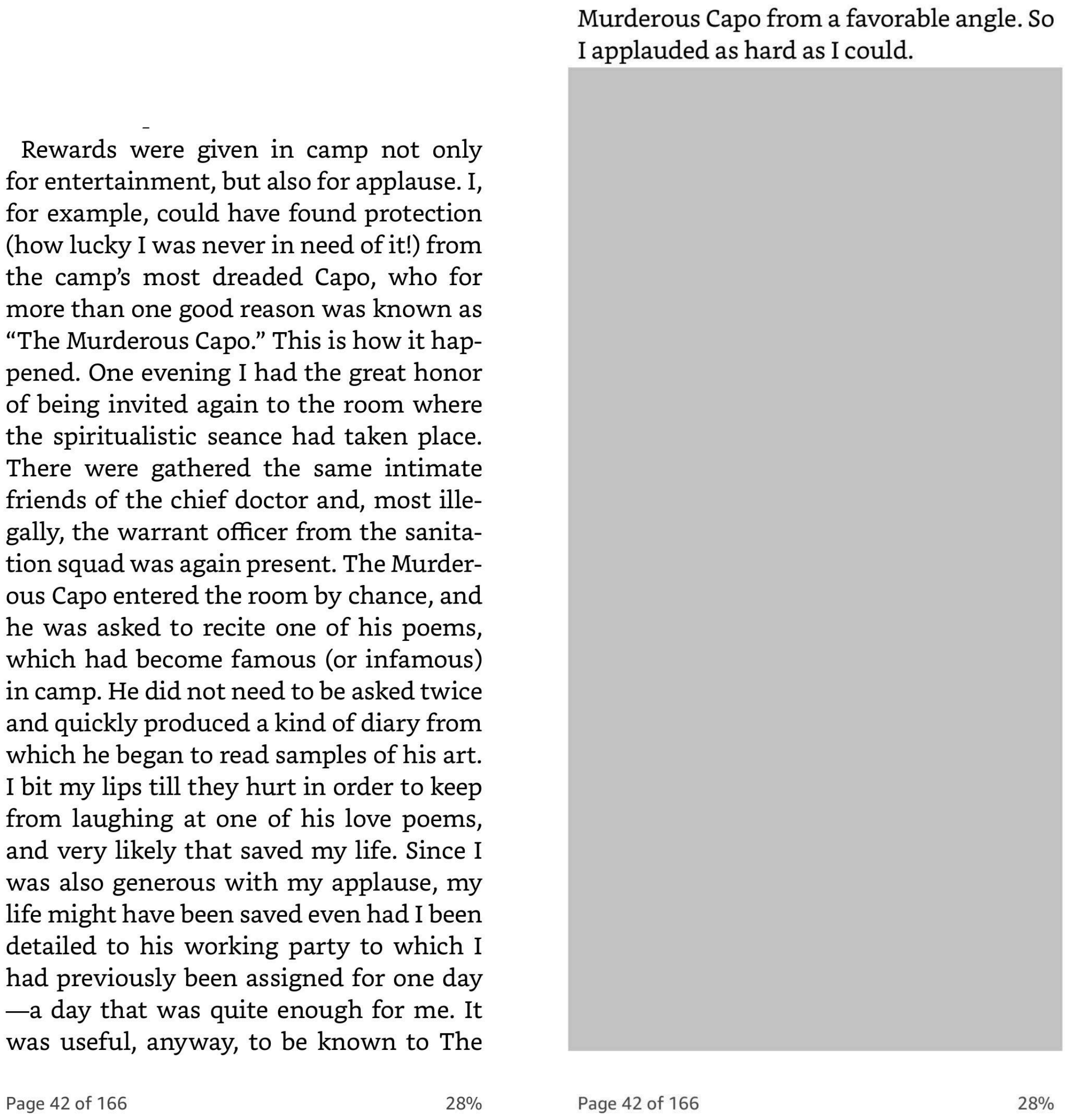
[I can't cry or let anyone see how much they're hurting me



[I want to write more, but I'll cry

Friday

Friday came, and with it, the usual inability to breathe that had come with all my anticipated discharge times. I would find out whether I was discharging when I either walked out the door, or the clock hit 5pm. There was a glimpse of good news when Ariel said that she had managed to squeeze me in for 1pm. She seemed to think she had gone above and beyond. I was gentle, I was dignified, and I thanked her. Just as I had managed to be professional with Justina, pretending to agree that it was clear now that she had been operating in my best interest the whole time and she was in fact an excellent clinician. It was so wonderful that we’d been able to heal the rift we’d had at the beginning. I breathed through it, always remembering Viktor Frankl applauding the Capo’s excellent poetry skills.



Rewards were given in camp not only for entertainment, but also for applause. I, for example, could have found protection (how lucky I was never in need of it!) from the camp's most dreaded Capo, who for more than one good reason was known as "The Murderous Capo." This is how it happened. One evening I had the great honor of being invited again to the room where the spiritualistic seance had taken place. There were gathered the same intimate friends of the chief doctor and, most illegally, the warrant officer from the sanitation squad was again present. The Murderous Capo entered the room by chance, and he was asked to recite one of his poems, which had become famous (or infamous) in camp. He did not need to be asked twice and quickly produced a kind of diary from which he began to read samples of his art. I bit my lips till they hurt in order to keep from laughing at one of his love poems, and very likely that saved my life. Since I was also generous with my applause, my life might have been saved even had I been detailed to his working party to which I had previously been assigned for one day —a day that was quite enough for me. It was useful, anyway, to be known to The Murderous Capo from a favorable angle. So I applauded as hard as I could.

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It was potentially my last day, my last Morning Meeting. Rarely did anything happen in this meeting except for listing off of rules, but there was some level of audience participation encouraged, in that they would sometimes call on participants to name a rule. I heard my name.

Within extremist Calvinism, there is a doctrine that a lot of people actually take very seriously, which is called The Regulative Principle. This principle literally teaches that absolutely everything is forbidden unless it is explicitly prescribed in the Bible. (Note that "*pre*scribed" is different from "*de*scribed," lest anyone try to concoct an excuse for polyamory!) As is typical for Calvinism, the idea is as complicated and convoluted as it is humanly possible to manipulate it to be, and people argue over the fine points. For example, most people in our church held that The Regulative Principle applied to worship. This was why we couldn't do skits in church, unless it was outside of Sunday services. (There was never a skit in the epistles to the early churches.) Some of the more extreme families, who tended to have literally about ten homeschooled children, applied it to *everything*, not just church. That was where it got really complicated, because TVs and microwaves were prohibited, but a 15-passenger van was unanimously considered acceptable, and in fact in fact a badge of pride for families who had been fruitful and multiplied and produced a quiverful of offspring.

Every time my name was called in morning meeting, this memory came to the forefront. Every time, it blocked out all the other rules. Perhaps it was a cognitive rebellion, me flexing the one thing that I could control by refusing to blithely remind everyone that you could only use the radio for a maximum of 15 minutes, and it was never to be taken out of the "comfort room." I'm pretty sure there were by-laws on this.

And every time my name was called, I knew that if I opened my mouth, I would shout out that *literally everything is banned, no exceptions, and if you ever do literally* ***anything*****,** *staff will find you out and you'll have to stay for longer*. So every day, I summoned poise from the deepest recesses of my soul, and pretended that I couldn't think of a rule.

I closed my eyes.

I breathed.

I remembered the people who had listened to me, who had validated me, who knew that it was enough to know that I had a trauma history. The people who helped me.

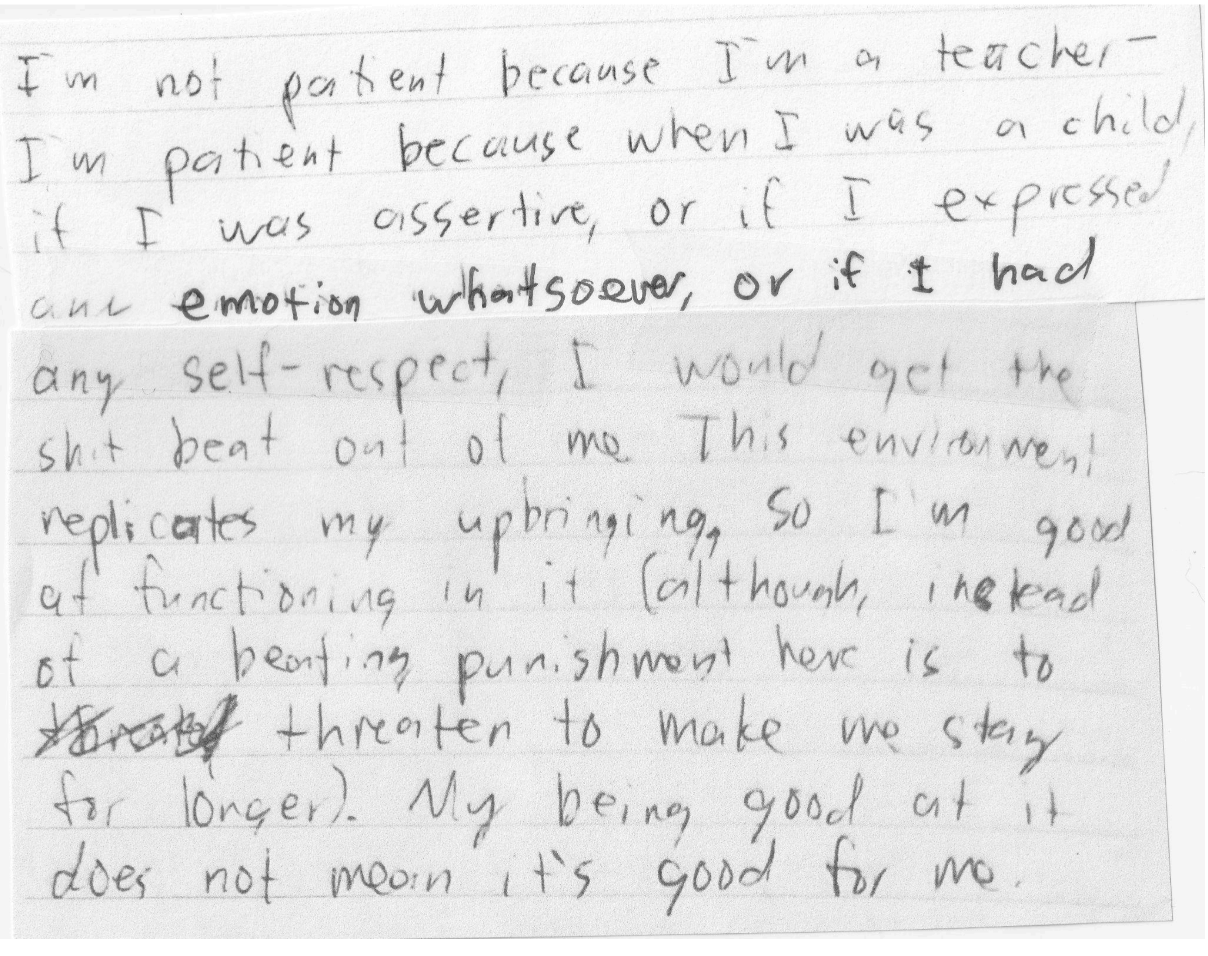
"Would you rather be right, or would you rather be effective?" they had asked. And Lord knows that it was a difficult decision the first thousand times they brought it up. And if they hadn't woven it into so many conversations until it was embedded into my soul, I never would have been able to defer being right until after I was home.

With my turtle. With my cat. With so many pages of notes, written on every inch of the paper to eke it out as long as possible. Where it is *safe*, and I can finally write the longest DMH complaint in history with time that had been freed up in my calendar due to my being newly unemployed due to this admission.

When I saw Justina for the last time, she seemed happy for me, since I was so much "better" and ready to go forth and prosper thanks to her hard work and concern. She actually seemed relaxed enough that I interpreted something she said as her having changed her mind about the VNA. I had originally agreed to the VNA because, as I'm really trying to underscore here, people behave differently when you are a threat to them. But, now that the VNA seemed to have dropped off the treatment plan on its own, I took the risk and was honest with her. I said I was so glad she'd changed her mind on that, because I'd actually had a VNA in the past and it *increased* my risk of committing suicide by quite a bit. I explained that, normally, I don't think about suicide over the course of a day, so when I look at my medication, I'm not thinking about killing myself. But when I look at a lock box, obviously that's about suicide. And when I can't go to work when I need to because I'm stuck at home waiting for a VNA to come and ceremoniously unlock the box, what am I supposed to be thinking about while I'm waiting? How do I explain to myself where all this lost productivity came from? It's because everyone assumes I'll eventually kill myself. My life was once happy and okay, and now I've been reduced to having services that are usually reserved for the very elderly… who are about to die. And now I spend large chunks of my day doing nothing but consciously admitting that everyone assumes I would jump at the first chance to kill myself. VNA services do absolutely *nothing* to make me safer, because we all know I could attempt suicide in a hundred other ways that would be honestly much more likely to actually kill me than an overdose. Instead of protecting me, all it does is make me spend outrageous amounts of time waiting around, thinking about what my life has become, how I have to go through this every day now as my punishment for being "mentally ill" when I could have had a life worth living. VNA services are a formalization of society demanding that I kill myself and do it quickly, before government health insurance has to pay too much toward my “hospice” care. Much like my entire admission at HBM, they increase my risk of death, while decreasing other people’s risk of liability. And maybe not in those exact words, but this is exactly what I told Justina.

I think that her liability concerns had taken a different direction, as well. Previously she’d been berating me for “what *YOU SAID* about a bridge!” and sternly telling me never to say anything like that in an emergency room again because it was so incredibly serious. I think one of the few staff members that I trusted, had tried to reason with her. Because somehow, she had completely changed her tune and now was repeatedly telling me what a good thing it was to ask for help, and I should continue to ask for help, and it’s so good that she can trust me to do that… etc etc. I mean, to me it was clear from the start that the admission had *nothing* to do with my actual safety and everything to do with her liability concerns. So maybe once she’d figured out that she couldn’t hold me forever, she got to thinking about what it would look like if word got out that *she definitely didn’t start out by endorsing asking for help*.

Somehow, she tried to find a natural segway into asking me what I did for work. Which, the fact that this randomly came up at the absolute tail end of the admission also made me think that somebody must have talked to her. I told her that I was a teacher. “Oh, that must be why you didn’t lose your cool,” she said, “you’re patient because you’re a teacher.”



I’m not patient because I’m a teacher — I’m patient because when I was a child, if I was assertive, or if I expressed any emotion whatsoever, or if I had any self-respect, I would get the shit beat out of me. This environment replicates my upbringing, so I’m good at functioning in it (although, instead of a beating punishment here is to ~~threat~~ threaten to make me stay for longer). My being good at it does not mean it’s good for me.

When it was becoming clear that I was actually going to be discharged, Chika brought me into her office to sit in the chair by her desk for the first time ever. We had to do a “safety plan,” which obviously was bogus, because with every question, I had to imagine myself in court, with someone reading off “what *YOU SAID* on the safety plan!” When we got to the section on outpatient providers, it turned out that not only had they been refusing to give my providers any input into my treatment, but there had been some talk of trying to force me to change my providers entirely. “They were questioning why your doctors were so far from where you live,” Chika said, “but I said it was nobody’s business.” If they had questioned *me*, I would have been able to tell them, be it their business or not. And although Chika was now trying to position herself as having been my advocate when unspecified other people were trying to destroy even more of my outside supports, my takeaway was not as positive. What she was *saying*, although she never would have acknowledged it, since she’d never acknowledged having communicated anything… was that if I ever ended up in that type of facility again, it would be so much worse the next time. There were things they could threaten to take away that I hadn’t even thought to worry about. They could end longstanding, positive therapeutic alliances and I would just have to watch it happen.

After the safety plan, Chika went over a long list of referrals. I was surprised that the VNA was still on there, but I thought that it was a miscommunication and Justina just hadn’t told Chika about the change in plan. The only thing on the list that I had personally asked for was a referral to a PHP, so I looked at the screen and noted that I had been referred to Bournewood. I asked for confirmation that this list would be printed out for me, and Chika assured me that it would.

My discharge was scheduled for 1pm, and we patients on Unit 2A left for lunch at around 11:30am. As we were on our way out the door, who should make an appearance but the human rights officer? I didn’t get to talk to him because I wasn’t going to be in the building at the same time as him for long enough to do that, but I did find out from one of the other patients that he said he had just gotten back from vacation.

Listen, even the HRO needs a vacation. But if the HRO is going to be out, and there is no possibility of finding someone to cover for them, and they’re going to be gone for an extended period of time, and they’re not going to change the message on their answering machine, it’s helpful if somebody can *at least* send out an email to the other staff letting them know what’s going on. In an ideal world, there would be a work culture in which staff had enough respect for human rights that *somebody* would think it was worth looking into where the HRO was if they’d been gone for weeks. This is not that world. The HRO needs to update his answering machine before taking off.

As they were putting together my discharge paperwork, I asked if the list of referrals was there, and they said Chika was in her office printing it off. I turned my attention to trying to get an exit survey, which took a few reminders to procure. You may be surprised to learn this, but I didn’t actually put anything negative in the open response sections. My thinking was that the hospital was corrupt enough that they obviously knew they were hurting most of the people who crossed through their doors, and pointing this out to them would be like talking to a brick wall. The only reason I actually wanted it was so I could put in a good word for the staff that *didn’t* hurt me. I was in a rush, so I only put one name rather than the eight or so that I had written on my “safe staff” list in my journal. The whole stay had been such a struggle, it wasn’t fair that getting the very exit survey wasn’t automatic. When the final white envelope was handed to me with all my discharge paperwork, I asked a third time if the referrals were in there, and they said that they were. You can probably see where this is going.

Before walking out, I looked one last time at the huge letters displayed over the entrance to the hallway. Evidently, each unit had a tagline. Our sign read, “UNIT 2A: EMPOWER.” I had looked at the letters so many times over the two weeks. If the name of the unit had been *Dis*empower, at least it would have been validating. But I'm pretty sure their approach was hospital-wide, because on one of the rare times we passed the kids' unit in the hall, I still remember the staff member addressing a *child* in a way that was thoroughly inappropriate, even if the kid hadn't been in a mental hospital and exceptionally vulnerable:

"You always do this! Don't ask me for *anything* tonight because I'm not having it with you anymore!"

Given that this was usually about how they responded to *us* asking for apple juice, it broke my heart to hear a child be spoken to that way.

When I made it downstairs, I was thankful that my bra was still there, although I was concerned when I was handed another huge bag of belongings. Even though I'd told them right at the beginning that those items were not mine, they had apparently been set aside as mine for two weeks. Even worse, it looked like the rightful owner had been a child.

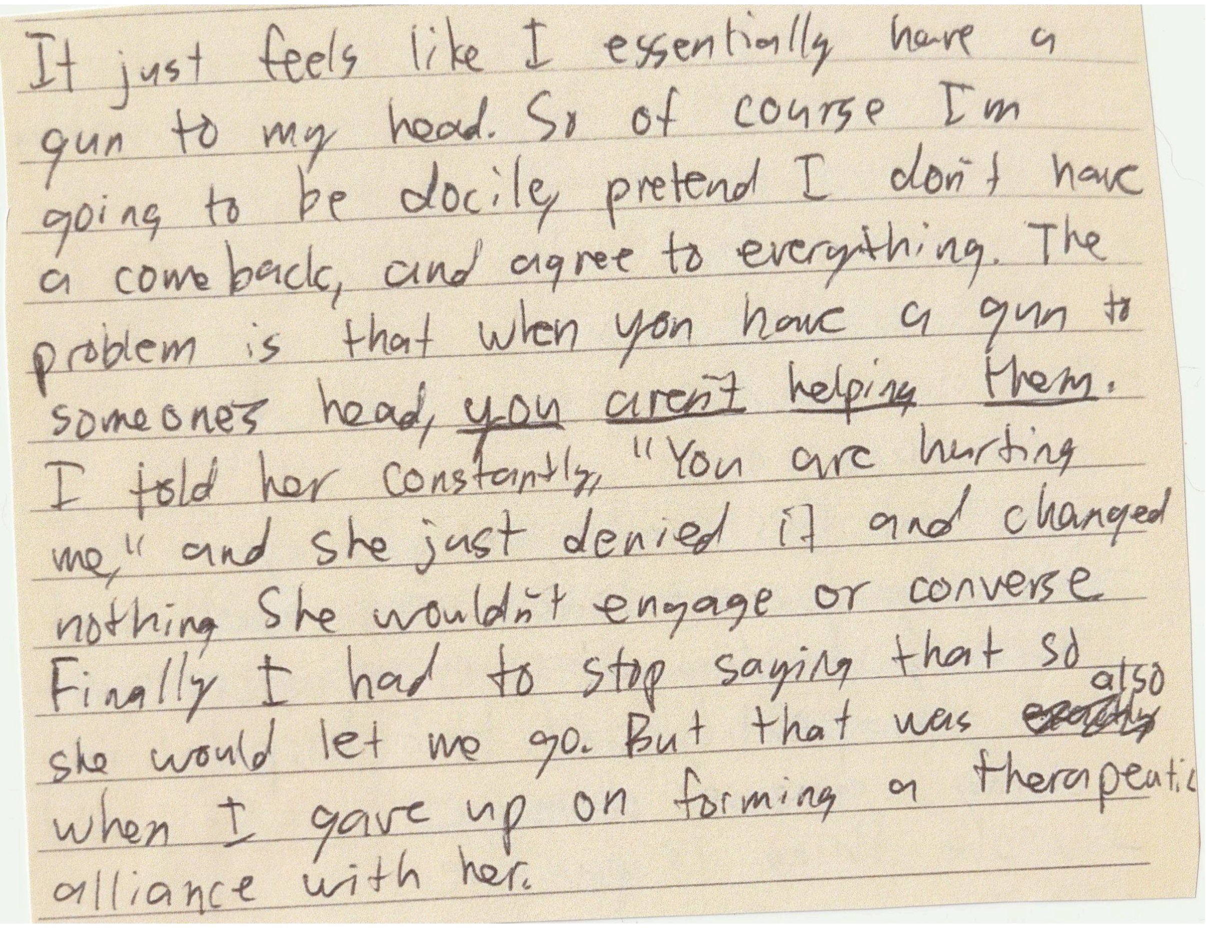
Home and Aftercare

When I got home and there was no list of referrals, I called the hospital. I honestly didn't want to do this, and would have preferred to put the whole thing behind me, but a social support was hopeful that if I called them, then whatever PHP I was already referred to would be able to get me in faster.

They transferred me to Chika and she picked up the phone. Part of me felt like it should be empowering to be able to talk to her now that she couldn't hurt me anymore, but it pretty much felt like the business calls I've had to make to my parents over the last decade. It's nice that they can't hurt me, but there's also nothing particularly enjoyable about it.

Chika was angry because when the VNA called me, I had turned down their services, and they had reported this information back to her. I was genuinely surprised that she had thought that I was going to go through with the VNA thing, because Justina *knew* it would increase my risk of suicide. Even after all I had been through, I was caught off guard at how blatantly Justina was willing to compromise my safety in favor of doing what looked good on paper.

Besides, it's rare that people go through with promises made under duress, when they are no longer under duress.



It just feels like I essentially have a gun to my head. So of course I'm going to be docile, pretend I don't have a comeback, and agree to everything. The problem is that when you have a gun to someone's head, you aren't helping them. I told her constantly, "You are hurting me," and she just denied it and changed nothing. She wouldn't engage or converse. Finally I had to stop saying that so she would let me go. But that was ~~exactly~~ also when I gave up on forming a therapeutic alliance with her.

Maybe they were playing stupid, but why do that after I was free? So it could be that they actually didn't know that when I stopped telling them they were damaging my mental health, I was still thinking in my brain that they were actually damaging my mental health. I've never liked this kind of games. The only relationships that I find beneficial are ones in which I can take the other person at face value, they take me at face value, we both say exactly what we mean and mean what we say, no ambiguity. This is probably why my best friend is a blue collar lesbian who cusses like a sailor, and the longest-standing relationship currently in my life is with a reptile.

Nothing useful came of the conversation with Chika. I googled the number for Bournewood, and they said they'd tried several times to reach HBM, because the program they'd referred me to wasn't available at the location they'd selected, so they couldn't schedule me anyway. I gave up and self-referred to Arbour because I thought they'd have an online program. Which, they do, but it doesn't take Medicare, so in a few days when the program starts I'm going to have to cross that bridge.

That is the story of my time at HBM. Now, let me describe some of my concerns.

Corruption from Top to Bottom

Justina

With Justina, it's entirely possible that she wasn't ill intentioned; she literally was incompetent. For example, consider the time said that she got "emotional" when she thought about what would happen if I left the hospital and jumped off a bridge. I didn't even touch the subject that she was *increasing* the likelihood of that in every way available to her. Instead, I really tried to have her see me as a human, rather than a potential malpractice suit (which, by the way, is pending).

"Well, wouldn't you be 'emotional' if my cat died?" I asked.

"We can't think about that!" she insisted, "That's negative."

It's really hard for me to think of a lot of responses that would have been *less* helpful than that. First of all, it doesn't make sense from a logical standpoint, because if she can't think about anything "negative," then wouldn't she *also* not be able to think about me jumping off a bridge? It doesn't make sense from a realistic standpoint, because she also said that it would be "negative" to imagine me not getting out on Monday; then when I did everything right all weekend, I still didn't get out on Monday. Pragmatically, going through life without being able to consider potential "negative" consequences of your decisions is something evolution weeded out a very long time ago because it will pretty much end in disaster immediately. Finally, if I'm telling you about a real and immediate threat that you are causing, and your response is to blame *me* for being negative and just absolutely shut me down and refuse to acknowledge any responsibility for the consequences of your decisions, that's insensitive. So, no, I don't believe her that she was actually "emotional" about the idea of me jumping off a bridge. She's simply an incompetent clinician trying to protect herself from liability without actually improving anything about her practice.

Additionally, if she had actually cared about me on an emotional level, she would have taken cues. I *tried* to communicate to her that her approach wasn't helping. I communicated this as clearly and directly as any patient ever will.

- "You are hurting me."
- "I don't trust you, because you are hurting me."

I even cited the Hippocratic Oath. What patient does that? If she couldn't figure out that she needed to reevaluate her methodology after *that*, then good luck finding another patient who you'll be more successful with. You can't just read the face sheet from the emergency room, never take *any* additional input, and be successful. In fact, virtually every career in every field requires people to be able to stop and reassess what is and isn't working. So then there I am, consciously trying to give Justina the *exact* information she needs, and she changes exactly nothing. Finally, I had to slide a warm and fuzzy note under her door, *stop* scaffolding her toward understanding she was hurting me, and reference my best recollection of a book on how to brown nose in a concentration camp… *and that worked*. Which is ridiculous. All I can figure is that it affirmed her pre-existing belief that she was doing everything right and satisfied her need to see herself in a positive light, and that made her calm down enough to let me go. My *recommendation*, however, would be to maybe try to be a bit more adaptable and learn to change your technique with the addition of new information.

Social work

Social work's perspective seemed to be that I was pestering them. The thing is, that absolutely *nothing* they did at any point was remotely useful to me. The only thing I really would have wanted from them would have been outpatient referrals, which they accidentally botched in the end. I wasn't asking for them to *do* something to *help* me; instead I wanted them to *stop* doing something to *hurt* me, which was holding me there. If it was such a bother to them to have me around, they could have just let me go, and I would have sustained less damage from the ordeal overall. But what I objected to even more, was that I was supposed to believe them when they said they were so busy and couldn't give me their time; but when I pointed out that *I* was spending 24 hours a day in confinement with absolutely *no* reliable information on when or *if* I would be going home, I was just supposed to figure it out. Their time was like gold, but they figured I probably wouldn't have been doing much with mine if I'd been home, anyway. I didn't even bring up the number of hours I was going to have to spend after my release just trying to process the trauma of the hospitalization itself, through strategies like writing this whole complaint, before I could get back to the point I was at when I first went to the emergency room. Which, I was certainly struggling even then, and it was going to take still more time and pain for me to get back to baseline from there on my own, than it would have if I'd been sent to a hospital that actually helps people.

I was in the day room one time and Chika and Ariel (apparently fast friends) came back from lunch. To them, I was an inconvenience. To me, I didn't care about convenience; I just wanted them not to undo years of hard work and administer a death blow to my life worth living. I silently looked at them as they walked to their office, constantly hypervigilant because they had the power to unleash so much destruction on a whim. They avoided looking at me. As they opened the door, I heard them giggling to each other, and Chika said, "I'm not even gonna look."

The reason they were able to laugh and I was left in abject terror, was because they had all the power and I had no power. And yet, they really thought that they were the victims of the situation, of having this needy creature constantly asking them to stop actively torturing her. They didn't *have* to be afraid.

They were so convinced that I was essentially a child in an adult's body, that they wouldn't listen to information I was giving them. For example, I even told Ariel that I had things in my life that were important to me, and I was at risk of losing them. In my life, remembering the good things that I have is helpful. When I drop below baseline, a helpful approach is for the other person to remind me that the moment will pass. Ariel took the exact opposite approach. She was hellbent on forcing me to believe that the drop from my baseline was, in fact, going to be my new normal. "Yeah, but when you get that back, what's going to change?" she asked.

The problem was blatantly obvious, but she wouldn't acknowledge it: *she* was the one *taking* my mental health from me. Previously, if you'd asked me what I wanted to change, I would have said, "Hopefully as little as possible." My baseline is fine, my quality of life is increasing, and I've even been able to return to work and hold a job, and it's a huge sign of personal strength in me that I've managed to retain any kind of positive outlook on the future despite HBM's attempts to destroy it in the name of my "mental health." Yes, I hope that there will be a time in my life when I *don't* need the occasional tune-up, but to try to effect positive "change" by taking away the protective factors that have gotten me this far, is insane. Taking away the things that contribute positively to my mental health, and instead trying to instead forcibly devise a way in which I can be kept clinically alive in the absence of *any* mental health, is insane. Inflicting psychological damage so severe that I would have no other way to process it than by writing a near book-length DMH complaint about it, is insane. But claiming you're doing it all in the name of my mental health? That should be the end of that clinician's career. Because Ariel even specifically said that she *knew* that my life wasn't actually happy, and that the protective factors in my life weren't actually going to sustain me, and my baseline was going to return to misery despite years of improvement. And she specifically said she knew all that *from her own personal experience*.

So maybe once, Ariel had a bad day and it never got better and her mental health at baseline became unmanageably problematic. But to then look at me and insist that *I* was in that situation, should not have happened. She never was willing to even consider the possibility that I have enough self-awareness to tell the difference between a bump in the road that probably would have passed on its own anyway, versus a life crisis so severe that it would change my very baseline and require a total, long-term change in lifestyle. I was experiencing the former. Due to "personal experience," she projected onto me the latter. I don't know precisely what's going on with her mental health or what this experience is that she's going through, but she's not someone who should be given the power of making clinical decisions for other people. Because if I hadn't fought her every step of the way, she would have done serious, irreversible damage.

They also would just be unnecessarily rude and confrontational to me. I cannot erase the memory of Ariel swaying side to side and loudly taunting me, *"You only lasted seven days after your last admission, THAT'S A PROBLEM! You said you were going to jump off a bridge, THAT'S A PROBLEM!"*

And I'm writing this down now because I couldn't talk back to her then: I didn't say I was going to jump off a bridge. I said I had SI, and that my mind had played through different methods. I voluntarily went and asked for help *instead* of jumping off a bridge. And I don't understand why, not only was the fact that I'd confessed to SI thrown at me over and over and over as the ultimate reason that they could do anything they wanted to me, but they actually had to bring up the specifics of the plan to add weight to the accusation. If they'd actually wanted to help me, wouldn't repeatedly reminding me of the specifics of a plan I only half remembered, have been counterproductive?

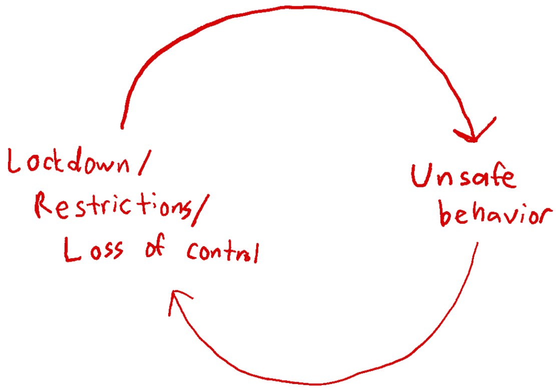
Nurses and MHTs

The day-to-day interactions with nurses and MHTs were almost always negative. Yes, there were a few people there who, for whatever reason, *did* choose to have compassion for us and wanted to help us. But it certainly wasn't a requirement of the job, and it wasn't even a normal part of the work culture. They would just yell at us all day long. In the cafeteria, they got mad if we weren't eating fast enough and shouted at us as though they were herding cattle. It was as though nowhere in any of the onboarding or trainings, had anyone thought to tell them that their role was meant to be anything other than punitive. If I had an interaction with one of them that was actually neutral, I would breathe a sigh of relief. There was never a time when they were actually providing positive support for a problem that hadn't been inflicted by the hospital itself. The environment was set up to punish, not to heal. And I don't think they even had self-awareness that this was why we were such downers all the time. I remember one day, after they had been yelling at all of us and just bullying us relentlessly for hours, we were on our way downstairs either to fresh air or to the gym. They had the portable radio on in the elevator and were dancing around, as though trying to liven up the mood. But if you're trying to liven up the mood by being visibly happy around people who you've just disempowered and beaten down, then you're no longer livening up the mood. You're just gloating.

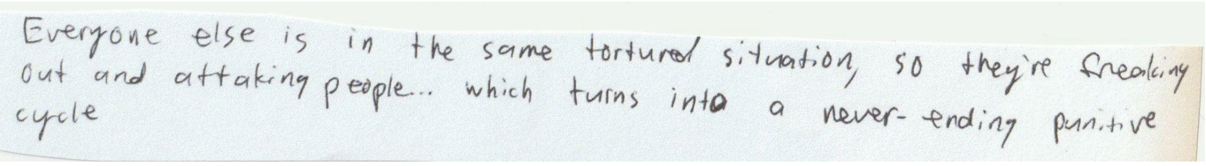
It seems unlikely that all of these people go home and treat their friends, family, and people they meet on the street in this same manner. My best guess is that HBM has groomed them to be nasty to us, to see us as fundamentally different from them.

Hospital Policy

In keeping with the punitive approach of the hospital generally, the rules were completely unfair. The hospital had created this incredibly triggering environment, and people were responding the way one would expect of people who are already compromised when we come in. But then, they have to be in constant, total lockdown so people don't behave unsafely because of the environment. The cycle looks like this:

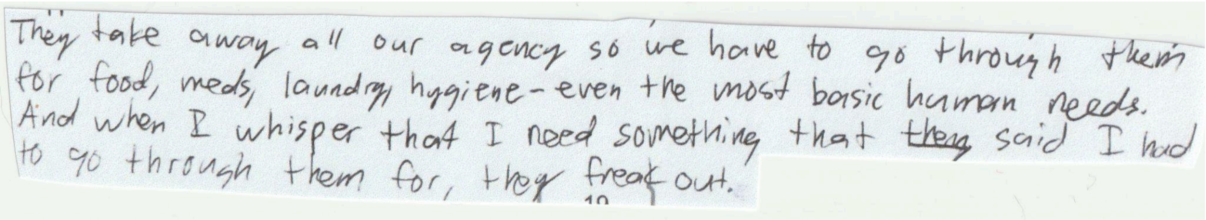


At HBM, this had degenerated to the point that we couldn't have stuffed animals because someone had tried to smother themselves with a stuffed animal. The toothbrushes had a stubby handle that was about an inch long, the pens were flexible… all their supplies were sourced from a distributor who usually sold to the penal system. One time, I was in a different hospital and had a roommate who had been to jail, who taught me to hang pictures on the walls in that environment. I passed the information along to my quirky roommate, who was delighted that it worked. We weren't in jail… but we were using information that usually is only useful to people in jail.



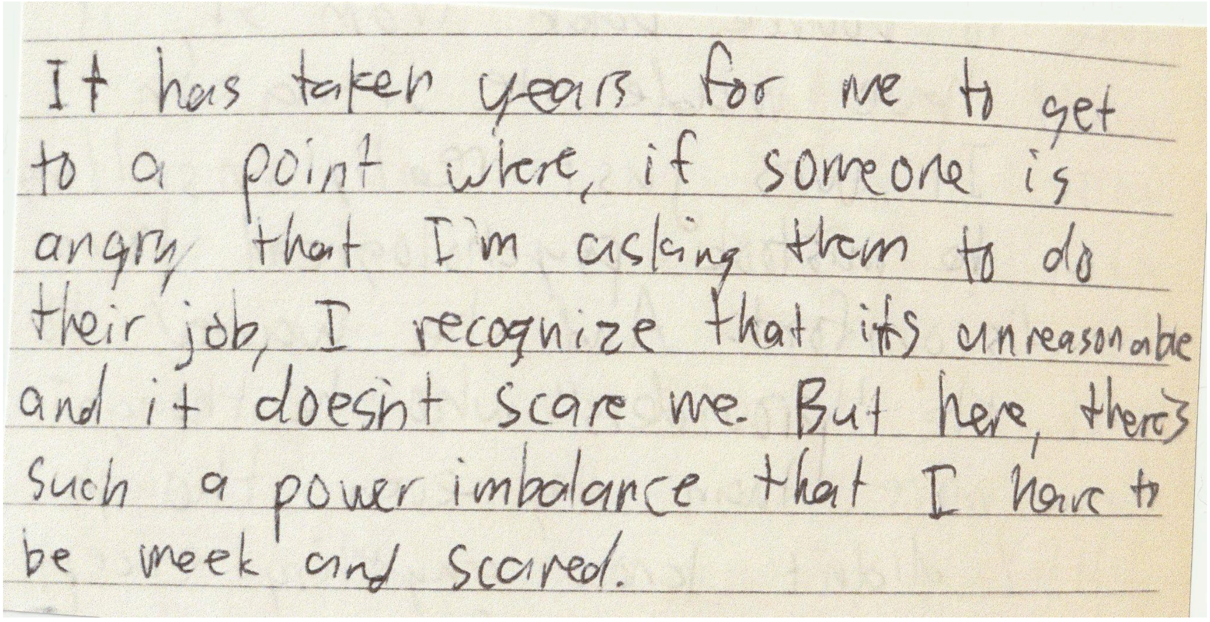
Everyone else is in the same tortured situation, so they're freaking out and attaking people... which turns into a never-ending punitive cycle

As I've mentioned several times, almost all interactions with staff were negative. Even cups and the water pitcher were behind the nurses' station. If we wanted to brush our teeth, we were supposed to ask for the stubby toothbrush and then bring it back to them afterwards rather than keeping it in our room. But despite forcing this level of dependence onto us, staff would usually respond to our requests for these things by being anywhere from annoyed to openly angry. They had taken adults, forced us to have the same level of independence as typical children, and somehow they still thought of themselves as the victims of having all these needy people around.



They take away all our agency so we have to go through them for food, meds, laundry, hygiene - even the most basic human needs. And when I whisper that I need something that they said I had to go through them for, they freak out.

I'm reasonably empathetic, but I could not and cannot on any level mentalize why absolutely any request, any acknowledgement of a biological need, would make staff so absolutely angry. It wasn't unusual to be sitting in the day room and someone would be nervously looking off at the nurses' station and say something like, "I really want a cup of apple juice but I'm scared to ask."



It has taken years for me to get to a point where, if someone is angry that I'm asking them to do their job, I recognize that it's unreasonable and it doesn't scare me. But here, there's such a power imbalance that I have to be meek and scared.

And yes, this definitely harkened back to childhood.

Unsurprisingly (at least to me), this state of being absolutely stripped of any agency or control over the slightest and most menial aspects of our lives, threw a lot of people into a fight response (because it was a locked unit, so we obviously couldn't fall back onto a flight response). People would yell, scream, and rage at staff. Virtually every time this happened, I had to silently acknowledge that although they weren't being effective, they were absolutely right. And if you take anyone–let alone someone who is already in a mental health crisis–and put us into that kind of just absolutely terrifying situation, a *lot* of people are going to freak out. I mean, I didn't, just because I had 17 years of experience with volatile authority figures, but most people definitely did. Then, from staff's perspective, they were just getting screamed at all day by these "mentally ill" people. As though "mental illness" were the issue, and not the fact that we were being held against our wills by people who resented our being there, and as all this happened, we all were feeling our jobs and outside protective factors slipping away by the day.

The result was that staff was shell-shocked to the core. On Friday morning, I was in my room and someone down the hall was screaming absolute bloody murder. My interpretation was that perhaps the person was scared and needed some help, and this was also the interpretation of another patient. We rushed to the nearest staff, who was in the med room, and the woman inside just looked at us, her countenance as still and unmoved as a statue. After several minutes of our standing right in front of her trying to get her to stop giving us the still face experiment, we were almost able to break through to her. “Well I can’t leave the med room,” she said, barely moving more than she had been. Another person then walked down the hall, but she indicated that she was a social worker and also couldn’t help. The woman in the med room said we’d have to ask an MHT. This was clearly going to be impossible, and eventually the person who had been screaming just kind of stopped screaming, so we gave it up.

The fact that the rules are completely unfair doesn’t just hurt the patients; it hurts the staff, and that cycles back into their ineffective approach to interacting with patients. The rules are ridiculous, but they are required to enforce them. Obviously, if you’ve just been screamed at for confiscating somebody’s stubby toothbrush, it’s going to be harder to be empathetic with the next patient you talk to. So even good people, when required to enforce ineffectively harsh rules, eventually break down and can’t be therapeutic anymore.

Liability

Most, if not all of us wanted to leave. And all of us had been told by our treatment team that we were there because of “safety.” Which, I can’t speak for everyone, but I personally felt like our risk of death *inside* the hospital was actually *higher* than it would have been on the outside. The staff was so oppressive and people were so absolutely scared out of our minds, that at any given time, a patient somewhere was going postal. Staff insisted that we should just use our coping skills and assume that they would intervene if someone became dangerous. Which, I’d never in my life seen claw marks like the ones on that poor woman's neck. Besides, while we were huddled together using “coping skills,” staff was terribly busy. So there was no way that they would be able to detect a problem and then decide to ambulate towards the problem and then carry out that decision, in the seconds it takes for someone to get their neck snapped. Using terms like “safety” and “mental health” to explain why we were there was such an obvious lie that it was an insult to our intelligence. Just *say* that we're there as a side effect of living in a society where everyone fears liability, and people with “mental illness” have no rights as humans. And that the result is that labeling us as mentally ill strips us of our rights and thus protects powerful people from having any negative things happen to *them* or *their* families, homes, jobs, financial stability, etc. Being faced with liability could threaten their well-being, so our well-being was sacrificed to protect that of people who were wealthier than we were. I don't even think this necessarily happened by design. It's entirely possible that we arrived by accident to a place where those in control face the least risk legally if they impose the most harm at their disposal. I *will* say that HBM takes this crack in the system and made it the be all and end all of their reason for existing.

And at the end of the day, a provider’s liability concerns are not the patient’s responsibility. I was kept involuntarily and inflicted with both psychological and financial damage all because of *their* liability concerns. It shouldn’t be on me to ensure the success of your career. It should be on you to support my mental health.

Bogus Treatment Philosophy

Dominance/Control

The most traumatizing component of the entire admission was not being allowed to know what my treatment plan was until it unfolded. Typically, the patient not only has that information, but has actual *input* into the plan. However, the arrangement at HBM was in keeping with the overarching theme of dominance and control.

Justina, the social workers, and most of the nurses and MHTs may not have had helping us very high on their list of priorities, but they certainly felt that “winning” was important. Any time there was an argument, they *had* to have the last word. Sometimes, they even required me to pretend to agree with them before they would drop it. And they always won, simply because they had more power and control and I *couldn’t* continue to argue without risking having to stay for longer. But, ultimately, there is nothing about the concept of a hospital that should make having the last word be a priority to staff.

I’ve never had a treatment team try to exert so much power, and I’ve also never had a treatment team know so little about me. Usually, there is actually an attempt on the part of clinicians to build rapport. In most cases, this isn’t a passing thought, but rather a key part of their treatment philosophy. I kept writing, “I don’t understand why they never tried to build rapport.” I don’t know how else to say it. They always saw me as an enemy to be defeated. *I* was the one trying to find some way to form a human connection, and they totally rejected my every attempt. Usually, I’m really good at this. When I worked retail, I was able to build a connection very quickly, diffuse tense situations, make the person trust me, and find a way to create a win-win-win situation for myself, the customer, and the company. It’s not like I was a perfect employee, but the positive part of my review was always customer satisfaction. This has continued into teaching. I’m not perfect, but I’m good. And so the fact that I failed so abysmally, and the fact that the people I failed with were supposed to have been at least trying to meet me halfway, is really unusual. *They* were the professionals. *They* dropped the ball. If the entire rest of this document didn’t exist, the fact that my “treatment team” did not attempt to form a human connection with me on any level, should have been a DMH complaint in itself. They ignored the bedrock of human services.

One-Way Communication

Because HBM so emphasized having power over us, they didn’t listen or take input from patients. It turns out that when you silence someone like that, it tends to make it harder for that person to avoid rumination. Personally, I fall back on writing to mitigate that. But, even at this point in my complaint, there are so many things that I wanted to say to Justina but never could. For example, if I had been planning to kill myself, I wouldn’t have been fighting like hell to keep my protective factors. Think about it. If I had believed that I was just going to die as soon as I got out, wouldn’t I have been content to wait out the stay without caring what happened to my life on the outside? It’s easy to seem compliant when you’re just going to commit suicide anyway. Justina has it backwards, and her entire paradigm of who to keep and who to release is fatally flawed. That is exactly why it’s important to listen to the patient. Some of us aren’t faking.

Replication of Trauma

Because this hospital does not take any of the principles of trauma-informed care into account, it ends up replicating trauma. I'm not going to repeat all the myriad ways that they did this, but I thought it deserved its own section. At HBM, the perpetrators masquerade as the heroes. They want to say they're the ones helping us when they're actually the ones hurting us. Imagine what that does to someone who's already been through a lifetime of gaslighting. Additionally, a lot of us grew up in environments where we were never respected, and now we're going through life with the stigma of mental illness on top of everything else we're going through, so we still aren't respected. HBM perpetuates that stigma, and for me, a huge example of that was that they showed no respect for my time. *They* had no time for *me*, but they refused to even validate that if I weren't in the hospital, I would have been doing other things. If you don't respect my time, you don't respect me. Providers who have helped me have *always* acknowledged that my time is valuable. Even during times when I *have* had to take a time out and stay in the hospital, they completely understood that my needing to be there was causing me to miss obligations. When a clinician assumes that I don't really do anything all that important with my time, it shows that they don't believe that I have as much potential to contribute to society as they do. They think I'm less than them.

Ordinarily, these kinds of things would be insulting. But when you're interacting with someone who has been through complex trauma, it's so much more than that. You don't have to know my life story. But themes like loss of control, gaslighting, invalidation, and otherizing come up a *lot* in people with trauma, so it's absolutely egregious that HBM doesn't even take them into consideration.

Overreaction

Because HBM prioritizes liability over helping patients, they are incredibly prone to overreacting. I still remember Ariel announcing that she had added a VNA to her list of demands, and saying, "So you're leaving to a CCS and then you'll be set up with a VNA and a lockbox. I think that's a solid discharge plan."

I thought it was the stupidest discharge plan I'd ever heard of in my life. I wrote in my journal,

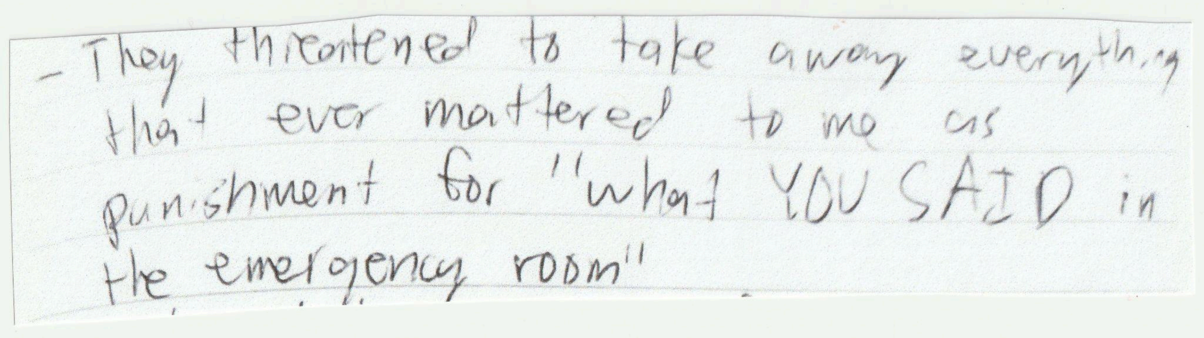
> "It is NOT NORMAL to try to do a massive, life-altering intervention (in a negative way, to make things more restrictive) because I needed to be readmitted to the hospital. They're acting like I made an attempt, never sought help, and am suicidal at baseline. Even the CCS was a massive overreaction; the VNA is fucking ridiculous. All I can think is that a prior patient of Justina killed themselves and now her license is in jeopardy."

I still stand by this. If a person's unconscious body is found by a neighbor, and that person has ongoing SI on a regular basis, then a reaction like the one at HBM would make *more* sense (although I still would argue that lording it over another person and punishing them by taking away as much freedom of choice as you possibly can, will never be therapeutic and will never make the person less likely to hurt themselves).

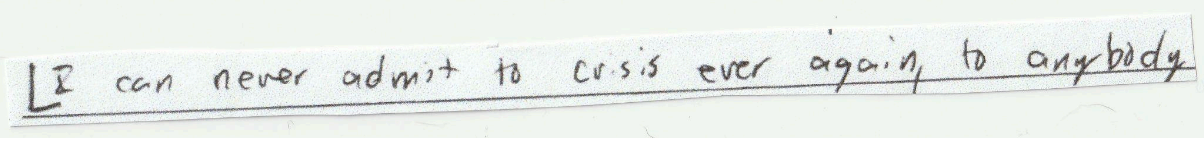
That wasn't my situation. I *used* to be suicidal at baseline, several years ago. Finally, people intervened, but in an empowering way rather than punitive. They gave me the help that I needed, and I worked really hard and now, I rarely think about suicide, unless I've got people yelling at me all day that I'm going to jump off a bridge. The timing between hospital admissions has been gradually increasing. It's not like I'm in the hospital, then out for seven days, then back in, and repeated on and on. *I'm content with life at baseline.* I fell below baseline and asked for help… because I *don't* usually think about jumping off a bridge and thus thought it was worth paying attention to.

Two weeks is very long for an inpatient stay. The fact that they kept me there that long against my will, and then wanted to upend my entire life after that, effectively ending my career and forcing me into geriatric care, sitting in my house and waiting to die… did this not seem like an overreaction? And even now, I'm afraid to type that, because I can feel them drilling into me, "...because of what *YOU SAID* about a bridge!"

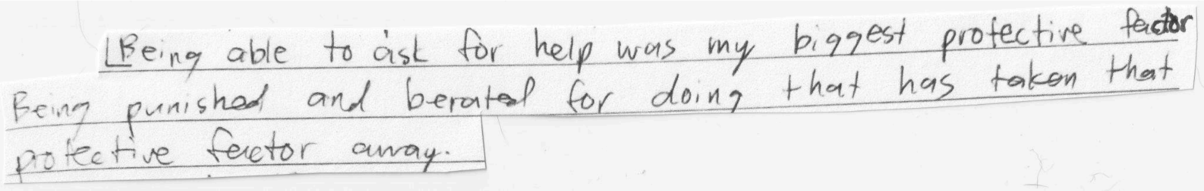
But it *was* an overreaction. People say things like that in the emergency room every single day. If everyone who ever went inpatient for a tune-up had to be placed on VNA services, society would collapse. Yes, there's liability for underreaction. But overreaction is just as damaging. It is going to take years before I'm able to be as honest and open with healthcare providers as I used to be. I don't particularly care that Justina decided in the last days of the admission to pay lip service to asking for help, because she also punished me for asking for help by throwing me into active trauma for two weeks. If you directly tell me not to do something, and give me this over-the-top punishment for doing it, that speaks a lot louder than your sudden verbal backpaddling.



- They threatened to take away everything that ever mattered to me as punishment for "what YOU SAID in the emergency room"



↳ I can never admit to crisis ever again to anybody



↳ Being able to ask for help was my biggest protective factor
Being punished and berated for doing that has taken that protective factor away.

Dropping below baseline happens. I've never had a clinician respond by demanding that I accept a moment of pain as though it were my new normal.

They Tied the Hands of the Good Staff

For reasons I don't entirely understand, it was a night-and-day difference with the people who worked primarily or exclusively as group leaders. The man who led the WRAP group, the yoga teacher, the interns… they were amazing people with so much to offer. The problem is that *people cannot access positive interventions while in a fight/flight response*.

The group leaders could be compassionate, put time and effort into what they were going to teach, and teach it well; and their effectiveness was severely limited by everything else in the hospital. Given everything that I've described going on, and given what we were going through as patients, how could they possibly lead groups that we would remember and draw on after discharge? They were good people trapped in a harmful system. Most of the good staff other than group leaders probably didn't stay very long, and the ones who did had to either sacrifice their values at work, or check out entirely.

To Close

As much as my parents wanted to cite impressively complicated and serious, obscure doctrine as the motivators for their life choices, I'm pretty sure that they actually just had serious mental illness. I was homeschooled, and it took superhuman begging to manage to go to *any* church events other than scheduled weekly services. I was the eldest kid, so I was the only one who really remembered living in New York, where the laws intimidated my mother enough that I was allowed to play with the neighbors. I was the problem kid because they thought I was an *extrovert*, which they fully pathologized. I was the one who was just ridiculously obsessed with "being around people." I used to sit on the couch and stare out our picture window endlessly, imagining the things I would be doing if I were out there.

I never thought that anything would make me terrified to leave this apartment. A month ago, I never would have believed you if you had told me that in the first days after discharge from HBM, I would have a pathological fear of walking out my front door, my new greatest fear in life being first responders. That I don't want to go to Dunkin Donuts because, theoretically, anyone in there could call first responders for any reason, and then I would be *abducted*, my very body taken away and locked in a holding chamber where I had no legal rights, where I no longer knew what it meant to be an American. That kind of paranoia would have been my worst nightmare.

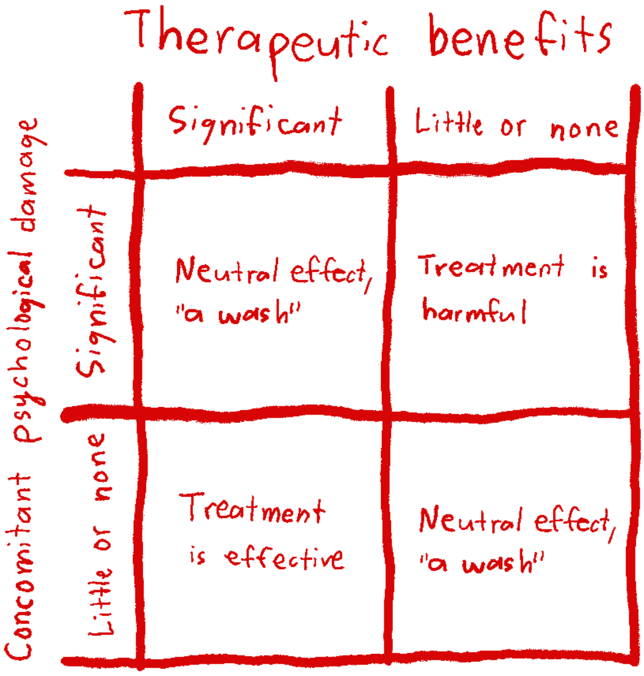
It's not my worst nightmare anymore. The worst thing, worse than death itself, would be to be trapped again. Where the human social net had turned against me, and it would have been better to be totally alone than actively prevented from leaving that tiny world, where I had no choice, no voice, no *personhood*. Knowing that it was fully possible that they were planning to get me into a long-term "care" facility, so irrationally afraid that I would kill myself that they were content to reduce my quality of life to zero.

My apartment has always felt safe. The difference is that, now, nowhere else does.

Yes, Justina, you hurt me.

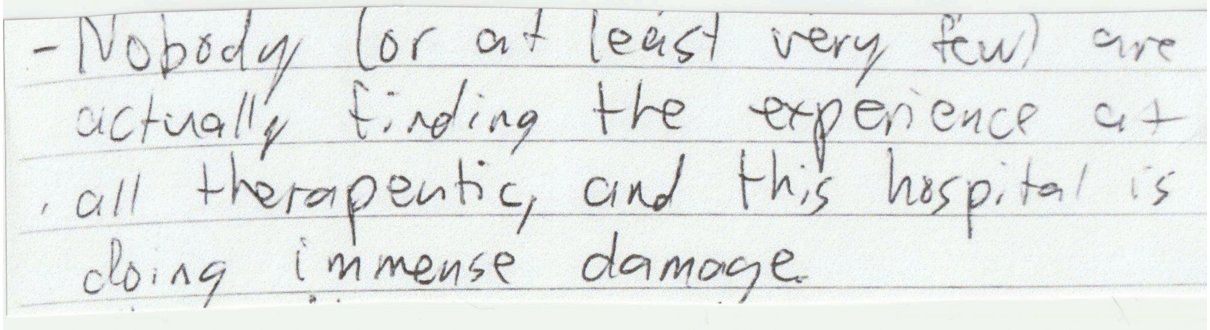
Some of my earliest childhood memories are of having some sort of physical malady (ie a stomachache), and being terrified that my mother would find out about the problem. As I got a little older and my sense of morality developed, I took on a sense of conviction that lying was wrong, and I had to be honest. But before I was old enough to feel morally obligated to say something, I just remember the pain of a stomach ache being completely overshadowed by the fear that if I didn't walk fast enough to keep up with her, she would find out that my stomach hurt. I don't remember having a clear picture of what I thought would happen, just that it would be bad.

The line that's always used is, "Well you don't get to *pick* what hospital you go to." Unfortunately, it has to be that way. However, given that reality, it's important for it to be generally understood that there are three distinct types of psychiatric institutions. Which, currently, the only people who are aware of the situation are those of us who have been inpatient numerous times. But just so you know, every hospital falls into one of these boxes:



		Therapeutic benefits	
		Significant	Little or none
Concomitant psychological damage	Significant	Neutral effect, "a wash"	Treatment is harmful
	Little or none	Treatment is effective	Neutral effect, "a wash"

Most people assume that "something is better than nothing." What I want you to see, is that nothing could be farther from the truth. The only reason I survived HBM was because I *wasn't* as severely ill as some of the others. The woman who had been there for months due to unrelenting psychosis, who spent all day crying because she was trapped and couldn't get out. My friend Kim, who I was deeply trauma bonded to by the time I discharged, who was just as terrified as I was, but was also developing her first psychotic break. The girl who had been there for so long that she couldn't even talk without slurring her words, who mostly spent her days staring off into the void.



-Nobody (or at least very few) are actually finding the experience at all therapeutic, and this hospital is doing immense damage

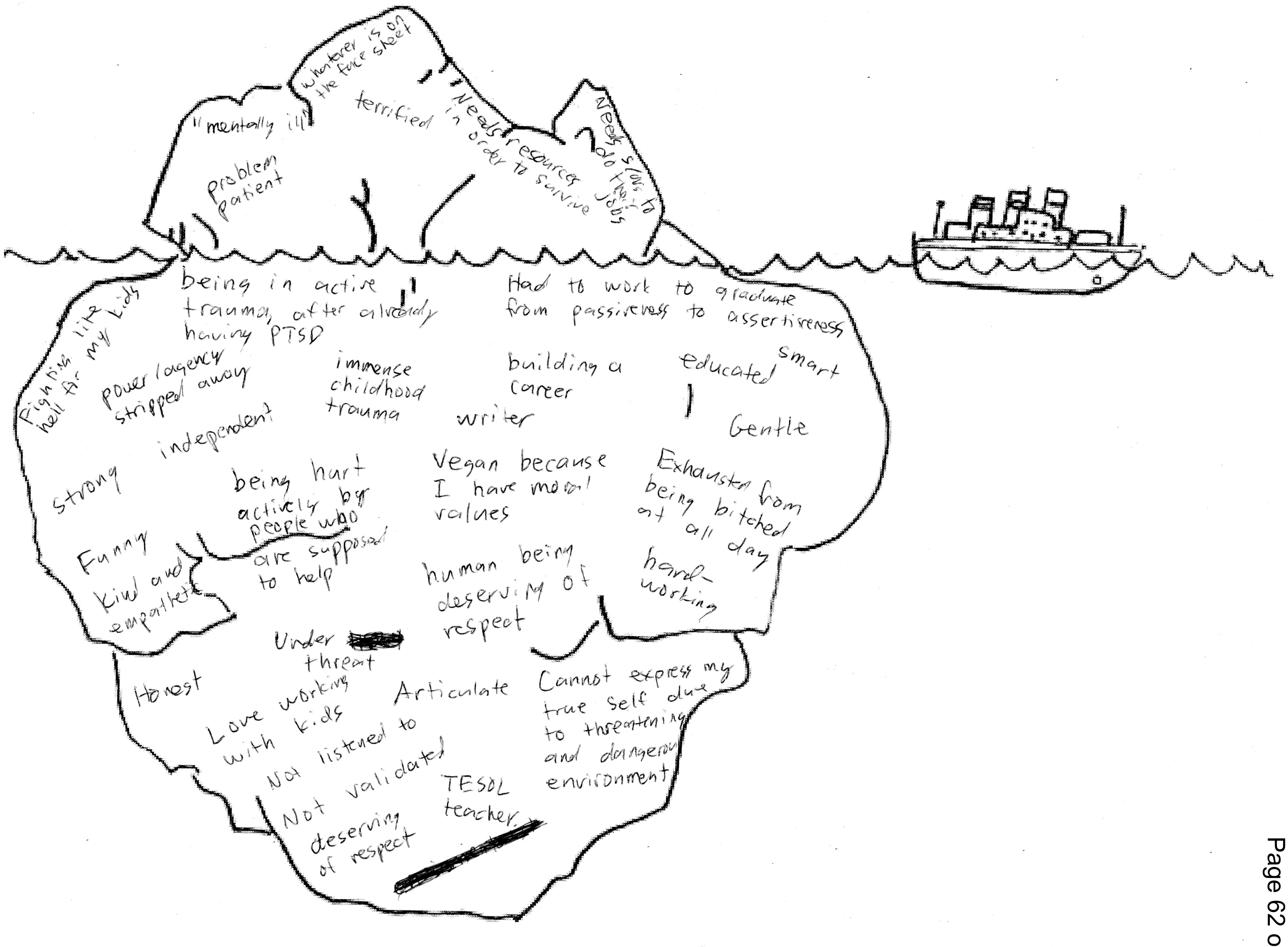
There is no level of need that would make an admission at HBM therapeutic. In the case of this institution, something is *not* better than nothing. It's not like when you apply for college, and you might not have gotten into your first choice, but you can still get a reasonable education. The difference between "hospitals" is more like the difference between getting into your college of choice, versus a major car accident resulting in a traumatic brain injury.

On some level, the one thing that I will say about HBM, is that because it's so immediately obvious that it falls into the "harmful" box on the matrix, I didn't feel betrayed. It's not like I ever trusted them. Before this happened, I *did* trust MGH. I thought that if I went to their emergency room, they would send me to someplace that would help me. Because I felt that I could trust, I felt able to be open and honest. I was vulnerable, and asked for help. The person running the bed searches probably really believed that these hospitals are pretty much interchangeable. At least, I have to tell myself that they didn't hurt me on purpose. But even if that person didn't know that HBM was harmful, *I* certainly knew that, and, frankly, *you* knew that, because this is not the first time I've written to you to tell you about the place. A lot of us in the mental health system already grew up with attachment style issues. As a kid, if they found out you were sick, they *could* give you a hot water bottle, *or* they might throw a conniption fit that you were contagious and had ruined their plans. So many of us already feel like asking for help is dangerous, and because places like HBM are in operation, asking for help absolutely *is* dangerous. If I have a crisis and go to the emergency room and I'm honest about what's going on, they *might* help me, or they *might* do the exact opposite. Maybe MGH didn't know that HBM would hurt me, but *you* did. And you allowed it to keep running despite the harm it does to people.

If, on any level, you value the mental health of people in Massachusetts, you will ensure that this never happens to anyone else on a bed search. If you value the mental health of people in Massachusetts, you will shut down this institution.

Appendix

The first page is work I did in one of the groups at HBM. The second is pictures of my kids, who could have died or been taken from me forever. Who I will always fight for. Who give me reason to live.


"mentally ill"
whatever is on the face sheet
terrified
"Needs resources in order to survive
Needs slaves to do their jobs
problem patient
being in active trauma, after already having PTSD
Had to work to graduate from passiveness to assertiveness
Fighting like hell for my kids
power/agency stripped away
immense childhood trauma
building a career
educated
smart
writer
Gentle
independent
strong
being hurt actively by people who are supposed to help
Vegan because I have moral values
Exhausted from being bitched at all day
Funny
Kind and empathetic
human being deserving of respect
hard-working
Under [redacted] threat
Honest
Love working with kids
Articulate
Cannot express my true self due to threatening and dangerous environment
Not listened to
Not validated
Not deserving of respect
TESOL teacher
[redacted]


LUCKY
MY FIRST BIRTHDAY
BORN: MAY 28, 2023
I WEIGH
10
POUNDS
MY FAV TOYS
SPRING TOYS
MY FELT WAND WITH RIBBONS
BREED
BOMBAY
I LOVE
STEALING MOM'S STUFF
HUNTING MY TOYS
WATCHING THE TURTLE
MY FAV FOODS
French Bread
Impossible Whoppers
CANNED FISH
I CAN
PLAY FETCH
KEEP THE APARTMENT SAFE FROM MICE
I DISLIKE
getting my teeth brushed
I AM
Snuggly
Savage
Dastardly
Brilliant
Adored

[redacted]

[redacted]