

Patient History: Abridged

Zuzanna Fimińska

To J., who taught me to spell

This story is a work of fiction. All names, characters, and places, and all dialogue and incidents portrayed in this story are the product of the author's imagination.

The ER of a psychiatric hospital doesn't have the sterile smell of a regular hospital. It smells of dust and urine. It's not hectic or spacious, like the ERs you see on TV. It's small, intimate. There is a bench screwed to the wall, and I sit down on it while my parents give a nurse my name, date of birth, address, and insurance number. Tears stream down my face. I curl myself up and bite my lips until they bleed. The insides of my cheeks are lacerated. Time stretches and circles and suddenly comes to a halt. It makes me nauseous. I am confused, paralyzed. Taking a bus, brushing teeth, or having a conversation is like running a marathon. For months, I've slept but haven't rested. I crumble under rage when I look at the piano. I wonder, how could anyone ever think that depression sparks creativity?

A young doctor comes to the ER and asks me into the exam room. I make an excruciating effort to follow. Tears and snot drip off the edge of my chin. I sit down across a desk from her—her eyes are mackerel—and I tell her about Mark, who remained an eloquent man and a damn good drinking companion even after he died. My speech is blurred and I run out of breath.

I wipe my face with the sleeves of my sweatshirt and tell her about the summer

in Paris. My first grown-up summer; the three months I spent in bed. I couldn't take a shower, put on clothes, or tie my shoes. I compulsively ate tomatoes and feta cheese. I drank and talked to Mark every now and then. As time went by, I drank even when he wasn't around. I felt better toward the end of the summer. I was getting out, meeting people. Drinking, mostly. Sleeping around sometimes. By the time I had to go home, I couldn't afford to travel and had to call my father to pick me up.

When I came back, I started the Jazz Program (the doctor raises an eyebrow and sighs). I even made it to a few classes, but I was surrounded by morons. I wanted to perform, compose, create! All they wanted was practice, practice, practice. I hated them all, and it wasn't long before I was playing truant. I never showed up for the final exams; I didn't register for the second-semester courses. I spent most of my time at home, lying to my parents. They'd ask why I didn't practice. I'd shrug my shoulders and yell at them, throw stuff. Once, I hit my mom. But they wouldn't stop asking.

"Chasing Cars" was my suicide song. I first decided to kill myself when Derek chose Addison over Meredith. It broke my heart. Some guy on an Internet forum suggested cutting along the ulnar artery, and I followed his instruction while listening to Snow Patrol and screaming inside for someone to lay with me and just forget the world. My body was burning from pain as I meticulously led the razor from my palm toward my elbow. It was tranquilizing.

Then there was darkness. No light at the end of the tunnel. No life flashing before my eyes. I woke up in the surgical unit of the university hospital with an IV attached to each of my arms and a bandage wrapped around my left wrist. I got fifteen stitches.

I leave the room with a prescription for antidepressants and sleeping pills. There is no need to keep me at the hospital. I have my parents to keep an eye on me. As I walk out, my mother and father walk in. Depression is an illness, they learn, not a weakness; it is too early for psychotherapy, and it is crucial for me to take the medication. We stop at a pharmacy on the way home. When we come back, my father hugs me.

"I'm sorry," he cries.

Antidepressants take, on average, two weeks before having an effect, but I'm fine and functioning after just a few days. By the time of my follow-up appointment, I nearly manage to forget about the misery I've been through. I'm back to my regular self; I take regular showers, my dental hygiene is impeccable, and my shoes are neatly tied. My attention span is still short, but I'm on the way back to being a great conversationalist. I force myself to play the piano for an hour a day, every day, to stretch the muscles and to teach myself to enjoy it again.

I have to take paroxetine for a total of six months. One day, I wake up and I can see all my veins and capillaries popping through my skin. I look like one of those posters in biology classrooms. It scares me, but I deem it a minor side effect of the wonders the treatment does for my well-being.

Mark stopped showing up. I always knew he'd only been a palpable form of grief,

but the realization that my brain had once produced someone who felt familiar, who spoke in a mellifluous voice and who smelled like the blue Nivea-for-men shower gel, terrifies me. I haven't seen Mark since I started the medication, but my mind had once failed me and I'm never to trust it again.

A month later, Mark comes back. I know he isn't real, and I want him to go away, to leave me alone! I swallow all the pills I have. I wake up at Toxicology and explain to everybody that I didn't want to kill myself. Nobody believes me. They release me after three nights and a consultation with my psychiatrist, who decides that I don't need to be committed, but also that I am not to be left alone.

I met P at my favorite coffee place some weeks later. It was the edge of autumn and the first day of my future. After much administrative hassle, I was again a student at the Jazz Program; I might have lost a year, but I was moving forward at last. I went for a coffee and saw a tall, dashing handsome young man with the loveliest jaw-line I've ever seen leaning against the counter reading *The Age of Innocence*. No one else was there. He heard the door close behind me and looked up with a pair of transfixing ocean-blue eyes that made me involuntarily sigh, "oh, wow." A few minutes later, I was sipping a free latte, learning about his life, laughing at his jokes about Edith Wharton, and giving away my phone number. I was charming and eloquent, and he was an English literature major and a varsity fencer with a sports scholarship who was obviously flattered by the sound of my laughter. Life was good.

I spent the rest of the day thinking about him in and out of the fencing outfit. I was damn excited, maybe even happy? My step was jaunty, my hair was shiny, my smile was bright, and I needed to have sex. I might have been depressed for a long while, but I was up and attractive again. I wanted to seduce and be seduced; I needed to have someone look at and desire me again; I needed someone to want me, and I wanted to want someone. Sex would definitely be mind-restoring.

As I walked home, common sense caught up with me. If he does call, if we do go out, what will we ever talk about? I've spent the past year being mentally ill. I graduated from high school nearly fourteen months ago and have done nothing since; once upon a time, I'd been the one most likely to succeed, but since graduation, I had become a joke to all who knew me. Instead of placement at a prestigious music program, I had a slip with "F-33" on it and extensive experiences of suicide and psychosis. It's not a great first-date story. I could picture Philip asking me to tell him about myself. I'd ponder for a minute, hesitating, looking reflective rather than reckless. "I am a certified eccentric," I can hear my reply. He's probably still sitting next to me, and maybe he's laughing, like I'm joking. "No, seriously," he encourages me to talk, still hoping to see me naked at the end of the evening. What do I say then? That I'm nineteen and my life has been smudged by neurotransmitters?

I wonder, out of all of the people who declare that they want to date someone different, unique, extraordinary, how many have the patience, the tranquility, the perseverance to deal with it? P wasn't that person, and I didn't want to lie. He thought

I was nineteen, and I didn't want to tell him that I was nearly thirty, 'cause I've aged ten years over the past twelve months. And what if he asks about my friends? I have no friends. I am lonely.

On the way home, I threw my phone away. When I got back, it suddenly hit me: I wanted to see Philip. I needed to find my phone and make sure I picked up when he called. I rushed back to the place where I thought I dropped it and searched until it was dark. When I couldn't see anything, I gave up and walked home, convinced that Philip had called and was worried when I didn't pick up. I should visit him at work the following day and tell him I was OK. We should make plans to get together right there, at the coffee place, let's not leave it to phones. I made the plan, but when I woke up the following day, I had a different thought on my mind: I decided to kill myself.

Four months, two suicide attempts, a bulk order of Bic pens and fifty-six sleepless hours later, I was back at the psychiatric ER with a new diagnosis and a referral for priority admission. It's a fascinating thing that a depressive episode does not warrant immediate hospitalization, but a manic one, even non-psychotic, does. Am I the only one who finds this amusing?

At the time I reappear at the psych ER, my diagnosis has changed from F-33 to F-31, my antidepressants have been replaced by anticonvulsants, I have ordered six hundred boxes of black pens, and I have been up for fifty-six hours. I'm not tired. I'm feeling sounds, tasting colors, and hearing pain, but I am exhilarated! I dance as I wait for the admitting physician. She shows up, asks me a series of questions to verify whether I know who, where, and when I am. I do. Better yet, I know the intricacies of the mating behaviors of miniature penguins! I speak quickly, fluently, and confidently. My mind is Harry Potter playing quidditch on a Nimbus 2000, the fastest broomstick available on Diagon Alley, and I can hear the whishes and whooshes as the snitch sweeps by next to my ear.

All patients at the crisis stabilization unit are required to wear pajamas and a nightgown. Belts, shoelaces, mirrors, knives, glass objects, tights, etc. are strictly forbidden and will be confiscated. If you possess any of these items, please deposit them at the nurses' station. Visitors at the crisis unit must be approved by the attending physician. The nurse is required to check items brought by the family.

Lithium comes in large, white, uncoated tablets that are difficult to swallow and leave an unsettling metallic aftertaste, despite copious amounts of water. To swallow them you need a system. Don't throw your head back. If you want the tablet to go in smoothly, put it in your mouth (be careful not to press it against your palate with your tongue), take a big gulp of water, and pull your chin toward your chest. Swallow. Drink more water.

Lithium's side effects include tremors, involuntary twitching, loss of coordination,

headaches, blurred vision—and the list goes on. According to my psychiatrist, all those side effects are a small price to pay for emotional predictability. The only thing my doctor is concerned about is polyuria. If I peed too much, that would be a problem.

Trembling hands are my “favorite” inconvenience. Six months of mealtime at the psychiatric hospital is my life’s most traumatic experience. In the past year, I’ve been found in a puddle of my own suicidal vomit three times; I’ve heard voices that were not there, and I saw my brother despair when he thought he’d lost me after a binge drinking incident. None of that, though, comes even close to the chagrin caused by my trembling hands.

When I was little, the first rule of table manners was: food to the mouth, not mouth to the food. That rule, however, did not anticipate my being on lithium. At mealtime, I sit alone at a table in the far corner of the dining room, hoping no one sees that I can’t bring my food up to my mouth. Soup’s the biggest challenge; they serve the same, tomato with rice, every day. Each time I take a spoonful, before I can lift it, my hand tremors, splashing the soup back into the bowl. I try again. This time, instead of taking a full spoon, I take only enough of the soup to cover the deepest part of the utensil. I might have made it all the way to my mouth without spillage, but I can’t even taste it. I can’t not eat; not eating isn’t an option at a psych ward. I’d get in trouble with the nurses, and they can have my park privileges revoked. I know what you’re thinking. Why don’t I just lift the plate, drink the broth, and eat the rice with a fork? You’d think that would be easier, but you’d be wrong. My hands are shaking uncontrollably, and I can’t hold the bowl steady. It’s as if I am wearing a strapless summer dress on a dark December morning.

So I let myself lean forward, breaching table manners, hoping to snap my jaws over the spoon quickly enough to catch all its contents before they spill into my eyes. That works unless my hand shakes frenziedly. It does; I try again. This time, I hold the spoon with two hands, taking little gulps and leaning forward, mouth to food.

I have never felt so accomplished as when I finish the entire bowl of soup.

As I sit over the empty bowl, I realize: people write books about being bipolar! Maybe, just maybe, one day, when I get out of here, I could write a book? For a second, I think that the two years I’ve spent in and out of hospitals aren’t a tragedy but a story that I could tell to warn, to teach, to encourage. And then I realize: no one would ever read it. As long as I’m not an entertainment lawyer handling high-profile cases in the lavish interiors of Beverly Hills, or a respected psychiatrist at one of the most renowned universities in the world, or just any kind of Somebody with a Harvard degree, no one would ever read my story. And how can I ever be a Somebody? I’m a psychiatric patient with two years dropped. People like me don’t write books! Or maybe they do, only no one ever reads them because no one wants to read about a manic-depressive. People want to read about a successful manic-depressive, the fortunate one who made it, despite (or because of?) moods and madness. They want to know that this success came at a price. And me? All I have is the diagnosis and a very slim chance of ever going to college. Any college; I don’t even think of the Program anymore. It’s ironic, because if I became a concert pianist, like I had planned, those two years wouldn’t be a

tragedy. They'd be a story. But I'll never be a concert pianist. I will always be a patient.

I've planned my suicide multiple times since I left the hospital. I have rehearsed the notes I should leave, different for each person in my life, and the way I should go, and the precautions I should take to assure that no one finds me in time. I've imagined all that so many times, it baffles me that I've never gone through with it. It baffles me that I never swallowed the entire pack of lithium. I wish I had. I wish I had died. If I had, I wouldn't be feeling like this now.

You don't have to be depressed to be suicidal. I'm not depressed. I'll get up tomorrow. I'll brush my teeth. I'll tie my shoes and put on some mascara. I'll smile at my friends, I'll challenge my teachers, I'll offer a joke or an insightful comment here and there. I will do my best at the rehearsals, but there'll be death lingering at the back of my head. Am I in pain? No, nothing more than a headache. Am I unhappy? No. Am I miserable? Every other Wednesday, but on average I am doing very well. I have friends, obligations, plans for the summer. I flirt, and my personal hygiene is impeccable. I spend my time mentally undressing the boys from the orchestra, and I blush when I think that I've slept with almost all the violinists. If all that's true, why do I want to die? If all that's true, why is that bottle of lithium winking at me? Where did that thought come from? I'm not depressed. I'm not miserable. I'm not in pain. All I have is a headache.