
THE “THERAPEUTIC” HOUR

JOELY CETRACCIO

50 MINUTES.

HOW WILL I TELL MY STORY TODAY,
HOW LONG UNTIL THE TORRENT OF TEARS DAMPENS THE NECKLINE OF MY SHIRT,
HOW SOON WILL I BE TOLD THAT HOW I AM FEELING IS TEMPORARY,
AND HOW QUICKLY CAN I RETURN TO NORMALCY?

40 MINUTES.

I HIDE BEHIND THE FORTRESS OF MY HANDS,
IMMOBILIZED BY FEAR AND PANIC,
FINDING SOLACE IN THIS MAKESHIFT ENCLOSURE,
I ORIENT MY BODY TOWARD THE WALL,
TO AID IN MY SEARCH FOR THE WORDS I DO NOT HAVE.

30 MINUTES.

BARRIERS BETWEEN US,
REINFORCED BY LOOMING DIPLOMAS AND MANUALS,
CAUSE ME TO ACHE FOR HUMAN CONNECTION,
AND THOUGH YOUR EYES ARE FIXATED ON MINE,
YOU WILL NOT COME TO SEE ME AT ALL.

20 MINUTES.

I DO NOT WANT TO SCAN MY BODY NOR FEEL MY BODY AGAINST THE CHAIR,
BECAUSE NOTHING IS CURRENTLY FELT.
LONGING TO BE GRACED WITH SECURITY,
AND TO KNOW I WILL BE OKAY.

5 MINUTES.

A SUBTLE SHIFT IN GAZE TOWARD THE CLOCK,
SIGNALS THAT THE MOST DREADED QUESTION IS TO COME.
MY WEIGHT SHIFTS IN THE CHAIR,
BREATHING UNSTEADILY WITH ALARM,
AND UNPREPARED TO REENTER LIFE'S ARENA WHEN ASKED,
“ARE YOU FEELING BETTER NOW?”

PLEASE HELP IF YOU CARE: A NARRATIVE

KARISSA MOKOBAN

july 3rd, 2017

dear God,

i hate why do I do this why am i like this

there is so much that needs to change and I am not changing why??

why do i suck and why is religion so confusing why are you so hard to figure out

why do i feel so lonely and why can't people let me think what i think

everything is so surface level

i am with others and i am so alone but it could be so much worse

how do i tackle multiple tasks at once

how do i not know myself

I CAN'T GO BACK TO SCHOOL LIKE THIS

PLEASE HELP IF YOU CARE

in Jesus' name i pray, amen

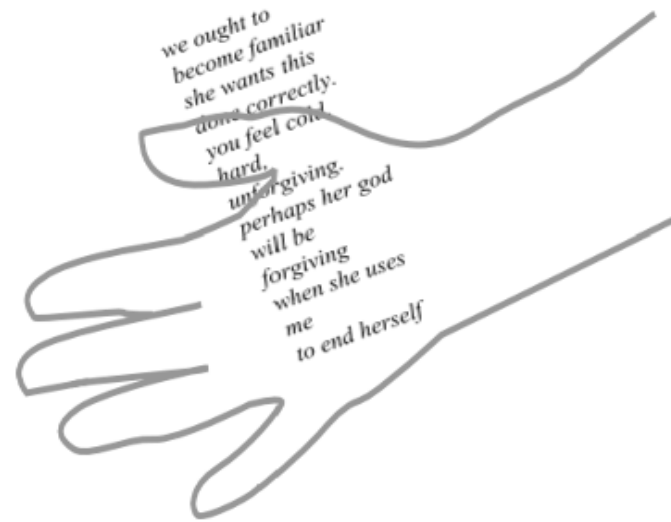
*How was she supposed to pray
when her own brain trespassed against her
come, lord jesus
she is fading quickly*

A year after writing that letter, I knew myself enough to know I had severe depression. I could ignore the poor hygiene and overwhelming fatigue, but the insidious train of thought screeched too loudly to dismiss. Some passengers drafted meticulous plans: minimizing the clean-up for my roommates, personalizing each letter to family and friends, donating my savings, and asking my boss to take me off payroll. Other passengers painted explicit scenes: the Red Line train pulverizing my body, an image of myself gulping down a Tylenol-and-bleach cocktail,

or a familiar figure hanging limp in the basement of my apartment. At first this train of thought followed an irregular schedule, but before long it ran twenty-four seven in a relentless craze.

*“today we discuss Descartes” you say as you begin class
giving space to one of your students
tears streaming down her face as she writes
furiously attempting to convince herself
she deserves to live*

Three weeks into July, I shuffled over to the parking garage and reached the top floor. On either side of the elevator lies significant room to fall seven stories down onto the cement below—a detail I carefully stored away much earlier. When I got to the edge,* I clenched the metal barrier and tried to be brave.



*The amount of time I stood and wept there evades me.

But the more I looked down, the more I doubted a certain death. I dug out my phone, searched the Internet thoroughly, and discovered that I needed eight more floors to succeed. Tempting as it was, living permanently injured attracted me even less than living fully intact. I stepped away, still clueless as to how to crawl out of hell. Campus police drove me home that Saturday night. I have no memory of Sunday. According to the CDC, four thousand six hundred young people in America end their lives each year. This makes suicide the third leading cause of death for people aged ten to twenty-four.

That night, and every night this summer, would have played out much differently without the resources that my school provides. If Boston College had police officers I couldn't trust, I might have resorted to walking home knowing full well I might leap in front of a car. Without an emergency psychologist available day and night, I might have spent the rest of Saturday night plotting my next move. If my school's mental health services had a fee, I most likely would not have sought help at all. And if the emergency psychologists and full-time psychologists didn't communicate with each other, I might have gotten away with multiple attempts until it worked. I certainly would not have been the only college student in any of those situations.

The Monday morning following my pseudo-attempt, my therapist called me unexpectedly, as we originally scheduled our appointment for 3:00pm. The emergency psychologist had told her what happened, so she urged me to accept help far beyond our weekly sessions. Knowing how quickly the depression had progressed, I let campus police transport me to the nearest psychiatric hospital, which happened to be a reputable one. For ten days I swallowed antidepressants and sleep medications, created art with other patients, and dutifully participated in group therapy. After learning the daily cost of staying there, I tried to be as honest as possible when offered individual therapy.

*do you know what it feels like to no longer exist?
no, because you cannot feel
you are but dust returned*

When the doctors determined I was no longer a threat to myself, I departed with goodbye notes, a folder stuffed with documents, my belongings, and a revived will to live.

Early on during the hospital stay, I recognized the need to stay in the staff's good graces. Our unit was quite the drama scene; patients would bend the rules, staff members would respond sternly, and patients would retaliate against their authority in return. Childish as that may sound, the tense environment made lashing out understandable. The rules were strict: you could only stand outside on the patio if the nurses had determined you weren't suicidal, you weren't allowed to hug anyone, staff checked on you every fifteen minutes (even when you were showing or sleeping), you couldn't have your phone charger, and staff had to watch you if you wanted to shave...anywhere. The power dynamic became especially clear at 5:00pm, when the day staff could leave and we could not. The physical environment induced stress as well, as very little natural light entered our rooms while

If I could return to a simpler time, I would tell myself a few things:

- You are beautiful.
- You are a normal child in an unfriendly place.

you are loved

- They may seem cool, but those girls don't want to be your friend. Their loss.
- Thick thighs are very much okay.
- Dad isn't trying to be mean. He just doesn't know how to avoid hurting your feelings.

you are loved

- You are so much more than your grades.

you are loved

- Quit letting them touch your hair. I know it's hard, but you don't want that kind of attention.

you are loved

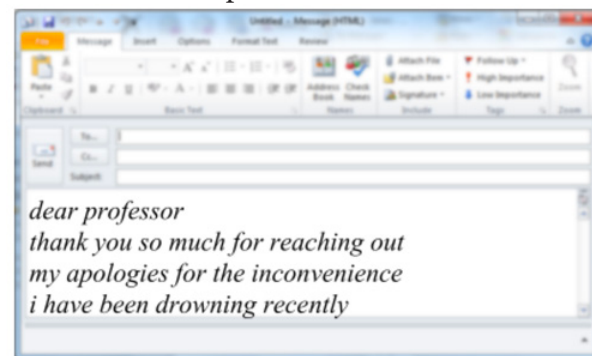
- You are allowed to tell Mom you don't like it when we go to Auntie's house and he touches you like that.

you. are. loved.



the hallway lights glared continuously. Some of us handled it better than others.

I relapsed in mid-October. Since the beginning of junior year, stress and imbalance triggered depressive and/or anxious episodes that paralyzed me for hours at a time. It seemed that I failed in at least one aspect of life every day, whether it was in studying, exercising, sleeping, or being a good friend. As a diehard perfectionist who once took great comfort in “going above and beyond” (as my secondary school teachers would phrase it), watching myself struggle to perform basic academic tasks pained me the most.



To make matters worse, a man I had been talking to sauntered out of my life at random. This new loss triggered the familiar thought pattern that (a) I'm always losing someone and (b) a life spent alone is not one I want to stick around for. The worldview I constructed back in the hospital to keep me safe backfired; if I alone hold the responsibility to have a wholesome life, what happens if I am too broken to navigate the loss and instability that seem to characterize it?

The emergency psychologist, as lovely and helpful as she was, couldn't answer that one for me.

Please write your name / date of birth / and identification number

*how polite of you to ask
these letters and numbers arranged in English
will mean nothing very soon*

Suicidal depression had flung out its pole, snatched me, and reeled me in again. My off-campus therapist and I are still trying to yank me back to safety.*

*There was once a time I would have sugar-coated that episode. At this point, I have run out of sugar.

On an especially bright afternoon back at the hospital, the staff invited interested patients on one of their “fresh air walks.” Most of us joined in, and as we wandered around the property we glimpsed what appeared to be glamorous townhouses only yards away from our building. When I asked what they were for, our guide told me that they were actually one interconnected facility for wealthy clients and celebrities. We moved on, but for the rest of the excursion I daydreamed of me and my new friends being treated there.

Recently, The Boston Globe published an article entitled “Exclusive Psychiatric Care, For a Price.” The author discussed how many psychiatric hospitals across the country offer exceptional treatment programs solely to those who can pay thousands of dollars out of pocket per day. Within these programs, “clients” (as opposed to “patients”) reside in living spaces meant to resemble home while receiving ample individual psychiatric attention. The author describes how economically disadvantaged people, with or without insurance, cannot take advantage of any of the amenities available to their rich, uninsured counterparts. This illuminates the strict binary system

we are operating with; either people pay thousands for a luxe mental health package, or they get shuffled into regular facilities that do not provide nearly the same experience.

As my social theory professor once said, healthcare in America is a consumer good rather than a right of citizenship. If we're going to treat mental health care as something people can buy as opposed to something people inherently deserve, we could at least diversify the marketplace so anyone can choose a high-quality program within their price range.

No one invites mental illness to come in and disturb their lives. So what makes a wealthy woman from Queens deserve excellent care more than depressed, black college kid or a homeless, schizophrenic man chasing pigeons in Boston Common?

The mind does not discriminate in betraying someone, neither should we in helping people heal.

*let this be a gentle reminder
you can't wait for life to bloom for you
you have worlds to conquer in the meantime*

P ROUD

ABIGAIL WHITE

