

Psychiatry

In a psychiatric ward, all the windows are always locked, you can guess why. Slowly, figures creep through the hallways, staring aimlessly with empty eyes. The medication handouts and feedings are the highlights of the day. In daily group rounds, patients sit in a circle of chairs and one by one are asked how they are doing and if they slept well. Group therapies are usually the order of the day in a loony bin. Activation group, depression group, addiction group, occupational therapy, some kind of memory training, and much more.

I have been to such a facility about 15 times so far. I have no choice but to go there when I can no longer control my thoughts and myself. Then I need some help and rest to come back to myself. Most of the time I am brought down with medication first. The therapies that are offered there are always the same and don't help me. They may work for other patients, of course. Occupational therapy is an exception, I can be creative and paint or do crafts, I find that relaxing and it brings me back a bit to the person I actually am.

Paradoxically, they give me strong psycho pills at night, which sedate me and make me very sleepy. At the same time, they expect me to be on the mat early in the morning at 7:30 a.m. and participate in exercise therapy before breakfast, preferably with an ice bath. With this, they try to physically fight the depression. It doesn't help with me. My play instinct gives me some lift. Whenever there is a ball in sports, I can't help it, I have to chase it. That's fun for me.

It often happens that a therapy leader is just 21 years old and wants to teach me something about life. All I can do is smile wryly. Of course, the next generation has to start somewhere, but please do it with someone who has experience. Savings are completely out of place at this point.

There are only a few drugs that are used in psychiatric wards, with them being dosed back and forth. Certainly, it plays a role which pharmaceutical company is behind it and how much money can be earned or saved with it. There are quite a few reports, investigations and conspiracy theories circulating on the Internet. My therapist told me the other day that they were now even using MDMA and ketamine for depression. But I don't want to get into that for now, that's not what this is about.

It's about jam. I hate orange or apricot marmalade and no matter how often I tell them in the clinic or even write it down, I always get red marmalade once and orange marmalade once for breakfast. And this jam, not wanted by all the patients, piles up in the refrigerators until it eventually has to be disposed of. Get one thing straight:

Nobody wants orange jam!!!

(except the island apes)

Often the patients are first immobilized, for me mostly too calm, emotionally switched

off. The visits by the doctors are far too short, uncharitable and superficial. In principle, it is only a matter of being adjusted to the medication. Depressed people in particular are usually destroyed souls who are trying to pick themselves up again. The alternative is suicide, because hanging on is a difficult war with oneself in the long run, self-confidence is almost non-existent. Some of my friends lost this battle and took their own lives. My view of things has changed a lot, whether that's a good thing I don't know yet. Freedom and carefreeness are mostly gone, gratitude became stronger.

How many times did I have to hear: »Heeey, everybody sucks sometimes.« This lack of understanding annoys me. But they can't know any better, they don't have a clue about how severe this disease is, how much it limits life and how threatening it is.

It is a very personal disease that wreaks havoc deep in the soul.