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NON-FICTION | FALL 2016

## Double Black Doors

By Trev Morgavi

She was curled up in a little ball in the corner of the library when I found her. Sitting on a single chair, dragged away from the reading table, behind the bookshelf and beneath the colorful, hand-written drawings by the other patients.

The psych unit was only two hallway lengths long. It was not easy to hide. Everything was open. No closed doors. No shoelaces. No staples even. So they can't hang themselves. Or cut the jugular.

But she was hard to find.

Camouflaged in a faded blue sweatshirt. The hood covering her head. Hands sunk into her sleeves. Only the whites of her toes poking out from underneath, both her knees hunched against her chest. A human backpack.

*She's not wearing jeans* I think, the sign of a bad day. When anything more than pajamas is too much effort.

I walk in and close the door behind me, to add to some privacy. Even though large glass windows cover the entrance. A safety measure to catch in-unit suicides.

"I couldn't find you—" I said.

She looked up briefly. Black tangled hair pasted to the sides of her face. She's a pale white, like someone who's lived their whole life in the bottom of a cave.

*"Might as well have—"* she'd probably joke.

"Let's talk for a bit," I say.

She looks up again, sighs, like I've asked her to help me move, "Okay," she agrees. Then she unfolds, limbs popping out like a turtle from its shell.

She drags herself over to the couch and sits down, tucking her legs beneath her thighs, a little depressed pretzel.

She likes talking to me, surprisingly. She doesn't talk much to anyone else.

*Probably because I'm doing this wrong*—I think. I'm probably too friendly. Or maybe I come off as a bit of a flirt. I do that, sometimes—to make my patients comfortable. With her expressionless face—a mask to the depths of her sorrow – I can never tell.

"I had a dream of my husband last night, that I was there when he died—" she begins without prompting. The number one tip for a practicing psychiatrist. *Stay silent, they will speak.*

We talk for about twenty minutes a day. Sometimes forty, if I'm hung-over, and she begins to ramble.

"Psychiatry is a bit scary," I remember saying, during one of our small group sessions, "it's the only rotation where you can really screw up a patient, no?" Some people nod their heads.

"With all our other rotations, we see the patient, write notes, but we don't give medications. We don't make *actual* changes. There are layers of oversight. But with psych

patients, four months of psychotherapy, you could go in there say the wrong thing and bam, months of work undone,” I said.

“Something like, did you see your mother recently? For someone who spent years getting over abuse,” I add.

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By now tears were running down her face, each one trailing the other in a wiggly riverbed.

*“Your sister sounds like a huge bitch, fuck her,”* I wanted to say. *She’s a drug addict. And doesn’t care about you. Don’t pick up her phone calls.*

“Her sister is a huge bitch,” my attending said at morning report, “she’s very unhealthy for Jordan’s recovery, but we can’t just tell her to break it off. It runs too deep, we need to help her heal the relationship, and we have to work on that.”

Jordan spoke on. In soft, hushed tones. Her eyes averted, staring at her fingers, nervously clasped together against the V of her two ankles.

I look behind her, out the window. A light snowfall dribbling down the glass. The tall metal towers of the City Bridge rising into the low-set clouds. Ice floats like thin white pancakes, rolling down the central river.

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One person commits suicide off City Bridge every three and a half days. Every year seventy people successfully complete what she has tried to do six times since 2008.

I couldn’t imagine how she felt. Looking out at it. Seeing the helicopters circle overhead. The patrol boats closing in to retrieve the body. Knowing she had been so close. Had survived overdose, slit wrists, a coma – to end up here, alive, with no escape, staring out at suicide mecca.

*“You were lucky to survive,”* the doctors had told her, on more than one occasion.

“First thing I did when I woke in the emergency room. I cried. I was so disappointed,” she cracks a small smirk. A tiny side grin, you wouldn’t notice unless you’d spent hours sitting across from her.

What a cruel joke. To build a psychiatric unit across from the bridge. She may have even seen a jump. Even I did, sipping my morning coffee on an icy Wednesday, noticing a tiny splash and the rush of patrolmen.

“Woh, someone just jumped I think—“ I pointed.

“Yep, saw one last week,” a nurse said while shifting through the morning vitals. She didn’t even look.

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I thought what we did was bad for her. And I was part of a failing system. A cog, however small, keeping the wheels churning. Maybe if I just let her out, she could cab to the bridge and get on with it. Here, she was trapped twice over, in mind and body. Tortured by her very existence.

*How easy would it be,* I thought, to just let her through the double black doors. I’d be

saving her.

For a branch of medicine that has spent decades proving to the public that mental health functioned in the same fashion as systemic disease, and should be treated as such, I found her treatment only half satisfying.

If depression is a disease, that can be treated with medication, like an infection, or migraines, or a cancer that is put into remission – when it is *refractory* to treatment – *all* – treatments, where is the palliative care?

Surely, she deserved to be treated the same as a cancer patient whose disease has spread so far and wide it is hopeless to continue treatment – torture actually. When it is only humane to die in peace, naturally, functional (or as functional as can be), and on their own terms.

For her, I saw her on four different medications, two of which made her sick, bloated, vomit, lethargic, fatigued, and a half dozen emergency room visits, and to no avail. The other twelve – including electricity to the brain forty times over – had transient effects. And permanent memory loss.

Like an aggressive cancer, her depression only ever came back, worse than the time before. And now, we sat around at morning rounds, scratching our heads. What else was there to do?

The answer, really, was nothing. There was nothing to do.

Nothing to do except the right thing to do.

To free her. To give her the freedom she begged for every day.

“Just let me out of here, if I live I’ll have figured it out, if I don’t—“ she shrugs, “what’s so bad about that.”

“*Yeah true, it’s not like anything we do has helped,*” I agree, silently.

Cancer patients are allowed to die as disease takes its natural course. Depression – if it is to be classified as a disease – should be given the same treatment options.

The option to die.

To date, *I contributed to her confinement*, I think, guilty, lying in bed minutes before going to sleep.

The notes I took.

The reports I gave.

“*Unremitting depression....not safe to be given a pass to go outside....suicide risk...*”

Sometimes I travel back by train, free as a bird, and sit across from the psychiatric institute. To remind myself *just how good you have it*.

In between reading a book and texting a friend I’ll put down my coffee and stare up the glass and metal exterior. The breeze like a brush, running over my face. And I know, she’s still there. Behind the double black doors. In a sweatshirt. Huddled in a corner.

While the five o’ clock traffic sings a melody of horns from City Bridge.

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