

UUCY Sunday Service, December 13, 2020**Story: Across the Universe****by Bill Jacobs**

I've often heard it said that the best way to get people's attention is with stories. There are a number of people in this church who say that often, and while it is true that they are librarians, and are therefore somewhat biased, I happen to agree with them.

Stories have been told ever since humans developed language – they were a way to make sense of a world that was chaotic and often seemed meaningless. Many religions are based on powerful stories – for example, the story of Jesus' birth in modest circumstances, even though he was the son of God; or the story of Siddhartha Gautama's privileged childhood, and how when he reached adulthood he went outside the palace gates and witnessed for the first time the extraordinary range of human suffering, which inspired him to spend his life learning how to conquer it. Or consider the Greek myths – like Sisyphus condemned to push a rock up a hill every day, only to see it roll back down every night to where it started. What a metaphor for the drudgery that is a large part of the human condition!

I don't pretend that the story I'm telling today belongs in the category of those stories – but I hope it entertains you, and maybe provokes a little thought. I'd like to introduce it by paraphrasing the introduction that Joel and Ethan Coen wrote for their movie "Fargo". It goes like this:

This is a true story -- mostly. The events described took place in Washington State around the turn of the century. Out of respect for the survivors' privacy the names have been left out. Out of respect for those who are no longer with us, the story is being told exactly as it occurred.

The story is centered around a young woman who lived in a small city in south central Washington, (which shall not be named) and after high school graduation, went off to college. Like most people her age, she was looking forward to a life filled with adventure and accomplishment. But something, nobody really knows what or why, flashed across the universe like a bolt of lightning and struck her with a terrible, debilitating illness, and she was forced to move back in with her parents.

Fortunately, the illness responded to treatment, and slowly she was able to resume a fairly normal life. Her illness had resulted in some long term effects, including some cognitive impairment, so returning to college was pretty much out of the question. However, she still longed for a life independent of Mom and Dad, and after a few years decided to pursue an independent life by moving to the big city – in this case, Seattle.

Now at that time, as it is now, Seattle was booming – you may remember something called the “dot com bubble.” Entrepreneurs were starting up all kinds of new companies, based on the commercial possibilities engendered by the new World Wide Web. As a result, the economy was hot, and it was nearly impossible to find and keep workers in what were then referred to as “entry level’ or “unskilled” jobs. These jobs were mostly in child care and food service. (Nowadays, in the year 2020, the people in these jobs are no longer referred to

disparagingly as unskilled workers – instead we call them “essential workers.” In another 20 years we’ll probably see lots of stories based on that change of perception. But let’s get back to this story.)

The young woman had experience in child care and food service, so she rode the Greyhound to Seattle, moved into the youth hostel, located in the shadow of the iconic Pike Place Market sign. (Seattle has changed so much in the past 20 years – hard to imagine that some of the most expensive real estate this side of California was once the site of a youth hostel! There will probably be many great stories engendered by that change. But, again, I’m rambling on, so let’s get back to this story.)

She almost immediately found work, and shortly thereafter a small but comfortable studio apartment in lower Queen Anne. She plunged into her new life, enjoying her work, and making new friends. But the terrible disease wasn’t through with her – she began to experience bouts of depression, which continued despite increases in doses of the meds she was taking. She did have a support network, which she relied on more and more to keep her on an even keel: her friends from work; a cousin who was a grad student at the U and was sort of like a big sister; a friend of the family who lived in Seattle and worked in the mental health field; and her Mom and Dad, who visited her frequently.

Her Mom and Dad were planning a December trip to the Caribbean, and they invited her to come along, and she agreed. All three of them thought a vacation like this would help her emerge from her funk.

But it wasn't fated to be. At one of the restaurants she frequented she met a boy (much older than her, but still a boy, if you know what I mean) who made a fuss over her, so she invited him to go with her to a party that night at her cousin's house near the U. (Her level-headed cousin quickly formed an opinion of this boy, and her parting words that night were "Please don't take him home with you" – but the young woman didn't listen.)

The next time Mom and Dad came to Seattle for a visit she told them she wouldn't be going on the vacation trip with them; she was pregnant, and she and Boyfriend would be spending December looking for a suitable apartment in Seattle for a young family of 3.

Although there were troubling signs of delusions and hallucinations, Mom and Dad went ahead with their trip, albeit with a sense of foreboding. But they were totally unprepared for what awaited them when they returned home, which was their daughter and Boyfriend staying in their house. And things were not exactly going smoothly; soon Boyfriend was on his way back to Seattle, alone.

The young woman vacated her apartment in Seattle, moving back in with Mom and Dad. They had no idea what to do, but figured that she was safer living with them for the time being. But her behavior was getting more and more bizarre, and it wasn't long before they got a phone call from the local hospital: their daughter had been picked up by the police for behaving erratically, and was being held in the Psych ward for observation, and if it's not too much trouble we have a list of personal items we'd like you to bring from home?

She didn't have health insurance, and Medicaid reimbursement rates are very low for illnesses of this nature, so the hospital promptly got to work getting rid of her by having her committed to Eastern State, the public mental health hospital near Spokane. The required hearing for involuntary commitment was held (one of her friends and her Dad attended – they only knew about it because she told them the day it was held – but by law they were not allowed to participate.) Decisions were made and in about an hour she was in an ambulance on the way to Eastern, where she was admitted to ward 1N1 in the Adult Psychiatric Unit (APU).

Let me tell you a little about the APU. It was built in the 1890's, but of course has been remodeled a lot since then. The wards are classically designed: a day room that is overseen by a glassed-in nurses station (for those of you who have seen the movie or read the book **One Flew Over the Cuckoo's Nest**, you half expect to see Nurse Ratchet herself behind the desk, shuffling paperwork, measuring out pills into cups, and gazing malevolently out at her charges). The perimeter is lined with small bedrooms, many of which have padded walls.

No significant treatment was put in place; the commonly prescribed antipsychotic medications have side effects that could potentially harm the embryo inside the young woman, and she was too delusional in her thinking to benefit from any kind of talk therapy. She was assigned an aide who stayed with her during waking hours, to ensure that she ate a proper diet for a pregnant woman, and to protect her from self-injury or the predations of others. (There were some scary people on the ward.) It seemed like the treatment plan was focused more on the wellbeing of the embryo, rather than the young woman!

Mom and Dad got to see all this first hand. They had decided to spend one day each week visiting their daughter, which they were allowed to do. In good weather it was an easy 3 hour drive on I-90. But, in the winter, travelers had to contend with snow, freezing rain, fog and, worst of all, black ice, so it often took a lot longer. They would leave home when it was still dark, spend a few hours with their daughter, then return home, arriving well after dark.

Speaking of dark, this was a dark time for Mom and Dad, not just in the literal sense. They couldn't help but think of what the future might bring. Would they be raising a grandchild who would enter the teenage years just as they became eligible for Social Security? Like everyone else, they had heard all the nightmare stories about grandparents trying to raise crack babies in the 80s and 90s. But it wasn't as bad as you might think, though. Despite the absurd treatment plan, their daughter was showing a few signs of improvement, including a somewhat better grasp of reality. As with most illnesses, lots of rest seems to be a key component in treating mental illness – not just rest in the form of sleep, but being insulated from the usual stresses of daily living. (After all, institutions like Eastern State were once called Asylums; and they did in fact offer their patients some protection from a world which was often hostile to them, and at best uncaring.)

Another positive thing: the hardships of traveling to Eastern State faded as the trip became part of their routine. If you ask me, that's the real value of routines: they help us conquer anxiety. For example, they always stopped for breakfast at a particular Denny's restaurant, locate near the halfway point; they would look forward to this stop, and the comfort it provided on a cold winter morning.

And one other important thing: they had faith that things would eventually get better. Something had happened about 10 years earlier that, in a way, had prepared the Dad for this experience. Back then he had encountered an ongoing problem unlike any other he had ever experienced; it seemed like it could never be solved, or even accommodated, and he had for the first time in his life contemplated suicide. He never acted on it, but in his mind he planned in great detail how he would do it. The planning itself was comforting in a small way – even though he would never have admitted to that fact. But one day one of those bolts of lightning or whatever flashed across the universe and changed his perspective -- it occurred to him, out of the blue, that no matter how neatly and carefully the act was performed, it would cause pain for a lot of other people, perhaps for the rest of their lives. These were people who loved him; and he realized that he loved them, too, in the profound sense of caring about what happened to them after he was gone. So he began to view suicide, at least in this case, as a selfish act.

And, eventually, he realized things did seem to get better. Or at least he learned to live with them. Ultimately, what's the difference? He was in his 40's then, and much later he came to see this as the day that he became a full-fledged adult.

But again, I'm rambling -- so let's get back to our story. In the spring another of those unexpected events flashed across the universe like a bolt of lightning. There was a vacancy for the position of staff psychiatrist at Eastern. Eastern needed psychiatrists, if for no other reason than to prescribe meds. (To this day, it is a fact that only licensed doctors, such as psychiatrists, can prescribe meds – a privilege zealously guarded by the American Psychiatric Association!) And it was hard to fill these positions – after years of hard work getting an MD why would anyone want the thankless job of providing care to mentally ill people who were

indigent and institutionalized – and with an impossibly large caseload to boot? Especially considering the alternative – which was to enter private practice and charge rich people (or their insurance companies) \$500 an hour so they could lie on a couch and talk. But there was one applicant for the position who saw it as a golden opportunity to gain a wide range of experience. She was originally from the Phillipines, and came to the USA to attend medical school. She got the job, her first, and brought to it that fragile combination of innocence and enthusiasm that we often see in young people starting out on a career path. Additionally, she had the industriousness and drive to succeed that motivates those who emigrate to foreign countries.

She got to work on her caseload – and soon found that certain cases in particular peaked her interest, ones that held some promise for a good outcome. One that caught her attention was a young pregnant woman, who was essentially not being treated. So she spent an evening checking the literature for medications that might be suitable, and found a new atypical antipsychotic drug that did not seem to have adverse affects on fetuses – by this time the embryo was nearly 5 months old, and so was now a fetus. Also, she found a vacant bed in Pod D, and managed to talk hospital management into moving the young woman there. This was no easy task, since Pod D was in the Geropsychiatric Unit, or GPU, designed for older people with dementia, who had medical complications that prevented them from receiving care at nursing homes. Nearly all of the patients were bedridden, which in the mind of the young psychiatrist, made it a great place for this particular patient, who needed to be left alone.

Almost immediately the young woman responded positively to the medication and change of locale. This encouraged the psychiatrist to think about the possibility of

discharge and how to structure it so that the young woman and her child could live a reasonably normal life. As it happened she had met and become friends with a social worker whose job it was to transition patients from the hospital to the outside world when it was time. The social worker also took a special interest in the young woman and devoted more time than usual working on her discharge plan.

Well, you can probably see where this story is going. I won't say everyone lived happily ever after, because that never happens in real life, does it? But lots of good things did happen:

The young woman eventually move into a halfway house not too far from here, and gave birth to a healthy baby girl. (In fact, the birthing coach was and is a member of this very church!) And the cousin took a couple of weeks off from her studies and teaching assistant work at the U to move into Mom and Dad's house to help with nighttime feedings and other new baby chores.

New Mom and baby daughter eventually moved into their own apartment, and the young woman found a part time job. There had been concerns that parenting, working and running a household would overwhelm the young woman, but that wasn't the case. It seemed like having a child had given her life purpose. Sounds corny but I believe it does happen!

Mom and Dad discovered that it was fun being grandparents, in fact, much more fun than being parents. They dedicated themselves to spoiling their granddaughter, who despite it all grew up to be a fine young woman.

The cousin, who finished her schooling and now works on the East Coast, eventually had a daughter of her own. When the Dad sees them, he is always startled at how much her daughter reminds him of his granddaughter at that age.

And so it goes. That about wraps up this story. Some people like stories to have a moral, or a point, whatever you want to call it, like in Aesop's Fables. I'm one of those people, and for me the story illustrates the importance of faith. Faith in what I'm not exactly sure, but sometimes it seems like stuff just happens randomly, like a bolt of lightning across the universe. We can beat our heads against the wall trying to fix it, often without any success. But then, out of nowhere, another bolt of lightning strikes, and this one makes things better.

By the way, if you don't agree with that, I'd encourage you to construct your own moral to the story. Or not. After all, we are Unitarian Universalists, so we shouldn't expect to all think alike.

And I'm fine with that. I just hope that you enjoyed listening to this story.

Bill Jacobs

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