A Life With OCD
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Saying it feels odd calling home as a patient in a mental institution is an understatement. Yet not long ago, that's what I found myself doing. I called my mom in Los Angeles from McLean Hospital in Boston to relay I safely checked in as a patient in its Obsessive Compulsive Disorder Institute, a residential facility where people whose lives are severely hampered by OCD come for help. The prospect of a psychiatric hospital was incredibly daunting, but after years of mental anguish, from compulsions to engage in odd behavior, I desperately wanted normalcy. I wanted relief from constant anxiety, overwhelmed and panic ridden by irrational fears. I wanted to curb the steadfast disintegration of my relationships with family, friends, and coworkers and end the burden I imposed on them for enduring my intensifying degeneration. I wanted to halt my growing isolation and avoiding a growing list of items, people, and places my OCD deemed "contaminated." I wanted rescue from a misery that seemed endless and not deteriorate like Howard Hughes despite doing all to ensure such an end.

I wanted all those things, but admit I also wanted care somewhere I could half pretend I was on a "rest vacation." McLean's grounds are beautiful. The landscape was designed by Frederick Law Olmstead (later a patient himself) and the residential buildings, original to McLean’s founding in 1811, resemble old mansions covered with ivy. Like Olmstead, many creative minds resided at McLean. Famed MIT mathematician and Nobel Prize Laureate John Forbes Nash received treatment the same time as Pulitzer Prize-winning poet Robert Lowell. Sylvia Plath wrote The Bell Jar borrowing from her time at McLean. Ray Charles and James Taylor reminisced in popular songs about their stay. It seemed if you were a patient here, you weren't of an ilk that trapped possum or auditioned for a reality show. So I went to McLean to fool myself I'd spend a few weeks at a "special" country club.

However, after entering the historical structure where I was to live, I quickly understood this place lacked the pretentious elitism my country club reverie required. Inside was a sparsely furnished, drab... institution. The bedrooms were bleaker than the common areas. The furniture looked like communism and the bedding was encased in plastic. The dorm-like resident bathrooms were kept locked and access was only allowed by staff. One had to notify staff if one needed amenities such as soap and toilet paper, as the bathrooms contained none owing to this being an OCD clinic. It was a shock that forced me to acknowledge why I was really here -- not to vacation but to get better.
Something I happily noticed was how socially apt the patients were. No one walked around like a drooling zombie. These patients were brainy and witty, most well educated, and some highly skilled. One patient tried teaching me my favorite piano piece. Another gave me an amazing sketched portrait. I made them an interpretation of banana bread. Indeed, except me and a few lackluster patients, we could've pretended we were at The Julliard School; this refers to the patients' impressive artistic talents since "furious hand washing" and "freezing in fear" aren't too dazzling. Yet, none of us were there for gifts but what felt to be a cruel curse. The surreal reality we were in psychiatric hospital was made transparent daily by our Cognitive Behavioral Therapy involving grueling exposure-and-response-prevention exercises, and in the occasional hushed crying at night. So despite the artistic acumen of my co-patients and scenic grounds, any semblance of a "retreat" was swiftly eviscerated by emotionally taxing psychological challenges designed to make us better. McLean was incomparably the hardest work I have ever done in my life, but also the most rewarding and important personal investment I've ever made.

Despite this sense of immense achievement and immeasurable gratitude at being afforded the tools to live a functional, happy life again, I wouldn't be advertising my experience here. There's a huge stigma attached to mental illness and strangely, more so when one seeks medical care for it. People don't respond with effusive praise or passive disinterest when one states one was a patient in a mental hospital. The usual response is an awkward one with trepidation to know why. So, just as I'd done with my OCD and for the same reason -- dread of being viewed as abnormal -- I kept McLean a guarded secret. And with my new gregarious demeanor and professional acclimation, I successfully veiled any hint of my past mental ordeal. Then Robin Williams killed himself, and what followed gave me pause.

His suicide in the age of social media yielded an extraordinary amount of opinion on mental illness. Everywhere there was conjecture and analysis, mostly comprised of the layperson's armchair psychology, along with harsh judgment. The purported expertise, speculation based on misinformation, and trite commentary helped me realize the conversation about mental illness is worth having openly. If more of us who've dealt with it address it, perhaps some cynicism and arm chair remedies will subside. Perhaps people will use more sense before adding their two cents.

I don't feign a newfound enlightenment and abhor the notion of being morally pedantic. But I came to know a bunch of mental patients quite well, and they were both exceptional and ordinary. We had a math professor, a devoted mother, a music prodigy, a decorated Gulf War veteran, a retired postman, an affluent businessman, an acclaimed architect, a nurse, and a singer. Some brilliant, all hyper-aware, decent people who sought help discerning why their own mind was the source of an incommunicable torment. They were people everyone knows but may not know everything about. So when it comes to mental illness, I appeal for consideration before comment. Those comments directed at someone far removed may unknowingly also apply to a person in your life who's awful at baking but skillful at concealing something about which he used to be but is no longer ashamed.