

## ***The Everyday***

*Inside a Psychiatric  
Ward*



*These are the  
stories of everyday  
from the  
female ward.*

*These are the  
stories of everyday  
from the  
male ward.*

Many sounds overlap here.

Someone sits on the edge of the bed, crying quietly, shoulders moving up and down. Another sits close by with their hand resting on the other's arm, murmuring reassurances. A little further away, someone walks back and forth, singing a tune that drifts through the room.

On another bed, three people sit close together, talking and sharing stories of exchanging know-hows about surviving pain. Across the room, someone whose family abandoned them here is lying down on their bed, their eyes fixed on the light coming in through the window.

The sounds do not replace but gather and collide into one another. Each sound remains present, layered over the others, held together in the same space.

Silence settles heavily here.

Most people lie down on their beds, eyes fixed on the ceiling. The room holds very little movement. One person walks up and down the corridor, murmuring to themselves.

Nearby, someone sits cross-legged on the bed, rocking back and forth, hitting their head against the edge with a slow, deliberate jerk.

Another sits alone, quietly eating moori, each handful lifted slowly to the mouth. The rustle of the packet is brief, quickly swallowed by the room.

A little further away, someone reads a book in silence while the person on the bed beside them sleeps.

There is barely any conversation.

Sound appears briefly, then withdraws.

Most of the day passes by stretched out and quietly.

There is no shying away from emotional expression here.

Feelings move through the ward without being pulled back. Someone breaks down in a group speaking through tears as others listen.

Moments of joy appear alongside distress. Memories of being at home are shared animatedly, followed by silence when the conversation turns to what has been left behind outside the hospital.

Someone shouts angrily at the staff, demanding to be released. Someone else pleads with the doctor, asking to be discharged.

Feelings are visible to others in the ward, and are given space, responded to, sometimes soothed, and sometimes simply allowed to remain.

Vulnerability is masked here.

No visible expressions of emotions are noticeable. Not crying, not laughter, not raised voices, no open longing to go back home.

Feelings do not spill into the room.

Brief words, quiet faces. The air feels heavy with what is not said, with what remains folded inward.

On one of the walls, a line is scratched unevenly into the surface:

*Mamma, I'm coming home.*

The writing sits there quietly. It interrupts the stillness. What remains unspoken in the room appears instead on the wall.

People approach each other without much hesitation. Small gestures of help appear throughout the day: someone offering reassurance, someone staying a little longer when another needs company.

When someone is discharged, the moment is marked collectively. Warm wishes follow them out. “Stay well,” is said. They respond, filled with hope: “They will discharge you too very soon.”

At night, one person’s grandmother tells bedtime stories to everyone before the lights are put out. The stories return each evening, becoming part of the routine.

People help one another in getting out of bed, in joining activities, and in simply being present. Care appears through mutual presence.

Casual banter is the language of care here.

People who rarely speak to one another sit side by side while playing carrom. Teases are exchanged, jokes are made about losing the game, and brief smiles appear, then fade.

Ludo is another game that brings people together. They tap each other's knees to remind them of their turns, a coin is struck off the board, and laughter breaks out.

Participation, however, remains contained. "Not more than one round," someone says when asked to join a mandatory activity. The game ends quickly, folded back into routine.

Connection surfaces in these fleeting moments of play when a person in a wheelchair starts play-fighting with their able-bodied friend, or when a person's parents joke with others, mimicking their peculiar movements.

People speak openly about why they are here.

Someone talks about falling in love with a person their family did not approve of. Another speaks at length about violence inside the home when it began, how often it happened, who knew and who did not. Someone describes failing an examination, the weight of disappointment growing heavier each day.

These stories are shared freely as if waiting to be told. Inside the ward, these histories are rarely written down in files. Instead, they are folded into diagnoses, routines, and treatment plans. What is named as illness here is often a response to loss, violence, control, and abandonment.

Suffering enters the institution, but its origins remain unofficial.

Here, stories surface differently.

Someone mentions substance use and stops there.

Another refers briefly to being left by a partner..... the sentence unfinished. Family conflicts are named without detail, followed by silence.

Rarely does a story unfold fully. Instead, meaning has to be pieced together through repeated encounters and overheard remarks.

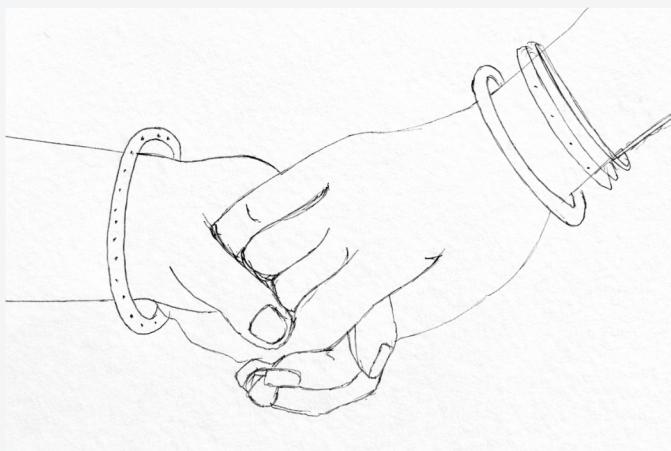
These accounts are shaped by distance and restraint. Some stories are not told at all.

They are carried quietly, withheld in conversation, especially in moments of being asked.

Inside the ward, these fragments are read through observation, medication, and containment. What cannot be spoken becomes something to be managed. Suffering is present, but it is translated before it is heard.

Located on different floors of the building, these wards move to distinct rhythms of everyday life. Gender quietly shapes how life is lived within them.

*How do these gendered rhythms shape the lives of men and women within psychiatric wards, and what traces do they carry beyond the institution?*



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