

Love by the Numbers

What to do (and not to do) when your bipolar partner thinks she's Jesus

by
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56: Number of days since the world stopped

It was the Wednesday afternoon following a long 4th of July weekend. I was wrapping up work at the office when I got two simultaneous "911" texts from friends who happened to be sitting across from V at a coffee shop that very moment, listening to her try to convince them that "this is heaven." From the time I turned the key in the ignition until the time I arrived at the cafe, I begged the Universe out loud to give me the right words. I haven't stopped begging for that yet.

We were both already aware that she was "cantaloupe" (our code word for manic). This was highly frustrating considering she had consistently been taking her medications for the last 6 months. The plan was for her to take a couple days off work, schedule appointments with her psychologist and psychiatrist, relax, and try to weather the storm. Her tiny pupils and eerie smile on the car ride home were enough to let me know there were some holes in that plan. The new plan was to take her back to our house and tranquilize her with the strongest sleeping pills I could find while I figured out the next step. On the way I made desperate attempts to assure her that she was not *the* God, and remind her that she had so much more life to live. She told me calmly that I didn't understand, that she didn't want to kill herself

and that she just needed to release her soul from her body. I told her I was probably going to have to take her to the emergency room and called her ex-girlfriend for the Cliffs Notes version of “How to Admit Your Bipolar Partner into the Psych Ward for Dummies.” V spent a hellish 14 days at Alvarado Parkway Institute 3 years prior and just the mention of API over the phone cut through the cantaloupe enough for me to rule out an ER visit for the time being. She was still manic, but something told me she was no longer in danger of hurting herself. To be safe, I asked friends to come over and help me hide pills, knives, razors and the like while she attempted to rest in the other room. The silver lining of this first day was I didn’t have the time to realize I was absolutely terrified.

The realization came quickly after a panic attack-inducing trip to V’s psychiatrist the next morning. Just getting her into the elevator and up to the doctor’s office was terrible. Bearing a bizarre but genuinely sweet disposition, she tried to either help or receive help from nearly every stranger we passed. She even dragged me running into the elevator so she wouldn’t miss the opportunity to say hello to a few kiddos. The tension was thick as they practiced mommy’s don’t-talk-to-strangers rule and as I checked my underwear for the brick I could have sworn I just shat.

The trip to the psychiatrist went something like this:

V: Jumbled nonsense.

Doc: Here, take these meds too.

Me: How can I get her to sleep?

Doc: Here are some more meds for that.

V: More jumbled nonsense.

Me: So that's it?

Doc: Your session time is up & it's my last day before I take a leave of absence from work. Bye!

5: Number of hours we spent in the Emergency Room

V's mom and step-dad flew into town on Friday morning, and we checked in directly across the hall at their hotel. V had been exhausting herself and everyone around her with nonstop "insight" for almost three days, and I hoped that comfy sheets, air conditioning, the Food Network, and a mother's love would tide her over until the medication adjustments were able to stabilize her. No such luck. V woke up drenched in sweat and paranoia around 12:30 Saturday morning and begged me to take her to the nearest hospital. Our ER experience was less than comforting. It was very hard to manage V's erratic behavior given the fact that V in a manic state (thinking she's a reincarnated version of Jesus) violates most social and personal boundaries

in an effort to help others *and* given the fact that the ER is a *hotbed* of people who need help. Wrong-o-combo. I tried to engage her attention by asking questions about her favorite memories. Her mom sat silently next to us and her step-dad waited in the car outside. When I ran out of questions, I asked her to dance. We stepped just outside the waiting room doors and swayed back and forth to an Otis Redding song playing through the tiny speaker of my phone. Her face was blank and mine was covered in tears.

When V's name was finally called after about 2 hours, we were taken to a room and told to wait again. In a bed on the other side of the curtain divider sat an old lady who couldn't have been younger than 90, taller than a leprechaun or heavier than a square of toilet paper. She kept saying out loud that she was cold and had to go to the bathroom. No one came for her, and this was starting to get V worked up. I flagged a nurse down in the hallway and asked her to help the woman. She rolled her eyes and begrudgingly followed me into the room and began assisting (if you want to call it that) the woman out of the bed and into a wheelchair. After the bathroom trip, the nurse wheeled the lady back into the room and essentially dumped her back on her bed while scolding her for not peeing correctly. Now, you don't need to put me in the emergency room at 3 o'clock in the morning to teach me that American healthcare is majorly effed, but witnessing this scenario pointed to

so many leaks in the system, I felt like I was on a sinking ship. I made a mental note to write an angry letter to someone when this was all said and done. But for the time being I sat with V and sang a lullaby, guessing she wouldn't be able to resist the opportunity to harmonize. I was correct in this assumption, and we enjoyed about 5 minutes of musical stability.

Another stand-out character in the emergency room production was a tall woman in a bright red Jesus shirt and baseball cap. Now, V can make a spiritual connection out of anything when she's manic, but even I couldn't help but find it strange that a lady decked out in Jesus garb was pacing around the emergency room on the same night my girlfriend was in the emergency room claiming to be Jesus. What makes it more peculiar is she didn't seem to be there for any particular reason. Her bones weren't broken, she seemed to be mentally stable, and she didn't really look like she was waiting for anything. She took V under her wing and assured her that she would be fine, which in turn reassured me. Eventually the staff ushered the woman out of the hallway and into another room, shutting the door behind them. Terror spread over V's face as she sprung to her feet, grabbed my arm and hissed through clenched teeth, "They're going to hurt her!" I couldn't restrain her as she barged into the other room to "help." Once she got the verbal I'm-ok from Jesus-lady, she joined me again but would not settle down. At this point, V's

mom and step-dad had driven back to the hotel for the night. They were exhausted from travelling. I came to the devastating realization that while V only had my support at the moment, I had the support of no one. I walked out into the hallway and yelled between sobs, "We need help! Can someone help us?!" The same inconvenienced nurse from earlier asked what the problem was. I didn't even have the energy to chew her out for being such a terrible health care provider. I just repeated, "We need help." Little did I know it wouldn't be the last time a hospital employee stared at me blankly as I hysterically pleaded with them to do their damn job. The nurse followed me back into the room with an Ativan and a Dixie cup full of water. I hadn't slept in three days and wanted to ask for one too. V made me promise twice it wasn't dangerous before she swallowed. She was sleeping in 2 minutes.

Around 5am, a psychiatrist came in to evaluate V. I answered most of the questions while she struggled to keep her eyes open. He left us with the assurance that there was a bed available in the mental health unit and someone would be there to pick her up shortly. I knew the answer was no, but that didn't stop me from asking if I could stay with her. We positioned ourselves in the hospital chairs so I could hold her as she dozed. I fumbled with my free hand in my purse for a pen and wrote "I love you & I'll see you tomorrow" on her arm in case she wondered where I was when she woke up.

Half an hour later, the sun made its first appearance of the day as I sat deliriously sobbing on the curb outside the ER waiting for my ride. I couldn't help but wonder a) why the 2 police officers, 2 EMTs, 6 nurses, and 5 construction workers within 20 yards of me failed to ask if I was ok, and b) if there was an extra bed in that hospital for me. A few days later I drove by a billboard advertising the hospital's emergency room. "*Average Wait-time: 30 minutes or less*" was the tagline.

11: Number of days in the hospital

V started out in what they called the "open unit" on a locked floor. The unit reminded me of a college dorm; most patients were paired up two by two in a U-shaped hallway of rooms, and in the center was a big recreational community area with a piano, games and a TV. Visiting hours were once a day on weekdays and twice a day on weekends. It became immediately clear to me that a) there were not enough staff on the unit, b) there was a serious lack of communication between staff and family members, and c) there was a disappointing lack of compassion and care between staff and patients. There was an abandoned reception desk at the nurses' station where I would go and try to ask questions. No one ever immediately addressed my presence until one day I asked out loud, "Does anyone work here?" One of the nurses turned

around, rolled her eyes, sighed and muttered, “*What* can I do for you?” I shall henceforth refer to this nurse as Sucky Scowl Face. She was the worst.

On the first day, V and I were able to play basketball on the patio right before the drugs hit her. Another male patient was playing with us and V was kind and welcoming as usual. He asked if he could hug her and she obliged. A few minutes later, he hugged her again without permission and said he was going to call her his girlfriend. I felt my body get tense, but she quickly diffused the situation by backing away and setting up a boundary, telling him it was not okay to touch her without asking. I was proud of her for communicating effectively, but I started to feel uneasy and wondered why there wasn't anyone supervising the patio. I didn't have time to dwell on the situation though. V's entire body soon became so heavy with medication, she couldn't stand up, so I walked her back to her room and said goodnight.

A couple days later, V was punched in the face by another patient in one of the group sessions for no apparent reason. According to the social worker, the other patient just walked up and decked her. Although this was unsettling news, what was more disturbing is no one heard about it until a day later when V's sister called the nurses station to ask for an update. Again, I felt uneasy knowing something like this could happen without anyone in the

family being notified right away. When I asked for an explanation, I was told that the staff did not have time to notify anyone when these events happened. This prompted me to ask why these events were happening in the first place. Couldn't such incidents be prevented with more supervision? I was told that since the patients were adults with rights there wasn't much the staff could do to prevent such altercations from occurring. Yes, I agreed, they are adults, but there is a reason they are in the hospital. They need care and protection! And compassion! And supervision! And the family needs communication! I started to feel like a broken record during any conversation that took place with the staff. I was hysterical and I hadn't slept in almost a week, but I had enough common sense to know these patients were not receiving proper attention. I felt so helpless driving home from the hospital every night with a sick feeling in my stomach that V was potentially unsafe and that I was the one who put her there.

One night I came to visit V in the open unit and she was absolutely convinced that the guy from the basketball court had raped her. She told me she was pregnant with twins and she didn't want to lose the babies even though it was a terrible circumstance. I watched the love of my life get down on her knees and beg me desperately to take her home. Even though I knew she was delusional, it broke my heart because her fear was genuine. Having zero faith

in the hospital staff made matters worse. The lack of supervision demonstrated thus far did *not* give me peace of mind or help me completely rule out the possibility of rape. I didn't know how to reason with V so I asked one of the nurses if they could give her a test to prove she wasn't pregnant. I was afraid she would start refusing medication if the delusion continued. The nurse—who looked exactly like Meryl Streep would look if Meryl Streep landed a role as a disillusioned nurse on a psych ward—condescendingly stated, “You can *never* feed into their delusions.” Duh. Like I was an expert in the human fucking brain and should know better than to ask such an idiotic question. That night I went to the drugstore with my friend and bought a pregnancy test for my lesbian hospitalized girlfriend. We laughed a little bit and promised to laugh more about it later. I smuggled it in my pocket the next day during visiting hours, but didn't give it to V because I decided to take Meryl Streep's advice.

I also stopped smuggling in the “usual” contraband like Oreos, Cliff bars and small bottles of Ensure, which was extremely difficult since I had a genuine fear of V starving to death. Have you ever watched your heavily sedated soul mate try to eat a bite of mashed potatoes only to fall asleep before the spoon hit her mouth? I have. V was wasting away by the day so I took advantage of

the lack of supervision on the unit to bring her food until my psychologist friend informed me that doing so probably fed into her distrust of the staff.

Even though I admittedly abused the lack of supervision on the open unit, I continuously begged for more of it. I told whoever would listen that V had always dealt with the emotional trauma of suspecting she had been raped as a child. She needed to feel safe. I continually asked the staff to pull her records from API so they could see she had successfully fled the unit once during her time there. *I* needed to feel that she was safe. I had a terrible feeling something bad would happen. And then something bad did happen.

I was sitting at home when I got a call from V's sister. When I picked up, it was dead silent on the other end. My heart sank as I imagined the worst. Finally, her sister spoke, explaining to me that V had been moved to the ICU, which was a smaller, locked unit within the open unit. Apparently, there were allegations from V's roommate that V had assaulted her in the middle of the night. The roommate was pressing charges and cops had apparently already showed up to interview V about the incident. My mind was blown wide open. I didn't believe for one nanosecond that V would ever hurt a fly, but I was devastated that she now had to deal with emotional trauma of these allegations. Again, the only reason V's sister was even aware of this

information was because she called for an update. It boggles my mind how cops could be allowed onto a mental health unit to grill a psychotic patient with questions without some family member being notified or present. V was so out of it she didn't even bring it up until a few days later, and even then details were fuzzy. "Is my mom okay?" she asked. "They told me I was on top of her, shaking her." I assured her that her mother was in Colorado and tried to explain that her roommate was the one who made the allegations. "The cops came?" she asked.

To this day I do not know the details. I continually asked for answers and the only answers I ever received were "I don't know" and "the hospital is investigating the allegations." One night after visitation, as I sat crying in the waiting area with two of my friends, Sucky Scowl Face assured me with a creepy satisfaction "that it *did* happen," as if to rub in my face her assertion that V was to blame rather than the constant lack of supervision on the entire floor. To make matters worse, she said this to me in the middle of the waiting room. I wondered if Sucky Scowl face missed the memo on confidentiality. When I spoke to the social worker the next day, she said no one on the staff saw anything. What a shocker. V doesn't remember anything either but knows she would never try to hurt anyone. I was worried that on top of all this that I would have to lawyer up and sue the hospital if the accuser

continued to press charges against V. I did not have the time, energy or resources to start getting my *Law & Order* on.

While I'm reminded of the waiting room, here's another award-winning experience, courtesy of the staff's lack of common sense: The waiting area was a part of the whole locked floor, but children were not allowed on the open unit, so patients were able to go out into the waiting room to visit with their kids. I can understand that. But what I cannot understand is having to sit 5 feet away from V's accuser while she visited with her family and talked about V the whole time. My gut reaction was to rip this woman's face off, and then go after the staff one by one, ripping their faces off too. I could not believe the receptionist (who was aware of the situation) did nothing to ask the patient to respect confidentiality and/or the overall comfort level of others in the waiting area. The next day, the same scenario threatened to unfold and instead of just asking people in the waiting room to talk quietly and/or not mention names of patients, the nurse asked me, "NOW, WHO ARE YOU HERE TO SEE?" as the accuser's family walked into earshot. I was on a first name basis with the nurses at this point, and she knew very well whom I was there to see. Livid does not even begin to describe.

In the long run, this nightmare turned out to be a blessing in disguise. While

the ICU was small and cramped, there were 3 nurses assigned to 9 patients. Even though the patients were all considered higher-risk, it still made me feel better to know V was in a place with heightened security and supervision. I was still very much on guard though. One day I heard a male patient in the ICU ask his parents to bring him a bunch of condoms. I was pretty sure his parents would not grant such a request, and I knew the security was probably tight enough to prevent any sexual encounters from occurring on the locked unit. However, V was one of the only female patients in the ICU, and I wanted to avoid another situation at all costs. I brought up the conversation to Sucky Scowl Face just so the staff could be aware of it. She looked at me exasperated with raised eyebrows and said, "Welp, that's the psych unit!" V's sister shared the same information with another nurse, who snidely reminded her why V had been moved to the ICU in the first place, as if to say, "why don't you worry about your own little predator?" The staff was so defensive about the terrible job they were all doing; they missed the boat entirely on simple human qualities like communication, care and compassion. I have experienced far superior customer service at my neighborhood Best Buy. To be clear, I am insulting the hospital not praising Best Buy. Owning a blue polo shirt doesn't mean you know shit about electronics.

V spent the majority of her stay in the ICU. Another blessing turned out to be V's doctor, who, besides the social worker, was the only person I felt genuinely cared about V. He was very apologetic for the experience we were having and was determined to help V come back down to earth. He even wrote an order for the staff to let her play her guitar from time to time, an activity typically prohibited in the ICU. When V was finally discharged a couple days earlier than expected, the doctor said it was because of her strong support system. I was so relieved when he said he could continue to treat V as an outpatient. Finally, a psychiatrist that didn't have the social skills of a washing machine!

26: Number of visitors

As I struggled to survive through V's hospitalization, it became clear to me how little I could control. So naturally I micromanaged the small things I *could* control. Like visitors, for example. I utilized my day-job event planning skills and orchestrated an army of visitors for V. No more than 2 visitors were allowed onto the unit at once, but I would typically enlist 3-4 other people (besides myself) each session. Two of us would go in first, and then we would switch out for the other two. I would bring V a list of people, and she would select whom she felt like seeing the next day. Every night after leaving the hospital, I called V's mom and sister to give an update, then spent the next

hour or so sending out a “prep” email to the following day’s group of visitors so they would know what to expect. We developed a mantra called ERMO (Eat.Rest.Meds.Out) and encouraged everyone who saw her to emphasize the importance of it. My sister started referring to me as “V’s assistant” because I spent every second outside the hospital on the phone giving and receiving updates or making arrangements. In the eleven days she was there, 26 different people came to visit (sometimes more than once). Some friends also put together a prayer vigil in the hospital chapel one night, and nearly 50 people showed up. I printed out pages and pages of well wishes from her Facebook account. I joked with her that there was a line around the block waiting to see her. Each day I watched the receptionists and nurses pick their jaws up off the floor as I walked in with a brand new brigade of visitors. It was primarily my mission to make V feel all the love coming her way, but I got a sick satisfaction seeing the staff finally start to realize what a special person they were caring for.

I know each person who visited V has created his or her own unique memories regarding the experience. My own memories range from crazy to calming, fearful to faithful, heartbreaking to joyful. Crazy when I assured her 20 times in a row that I was not sleeping with anyone else. Calm when she held my hand and told me how much she loved me. Fearful when she

confided in me about urges to release her soul from her body. Faithful when she managed to crack a joke filled with her signature wit and charm despite the dire circumstances and haze of medications. Heartbreaking when I rounded the corner of the hallway one day, only to see her scared, sad puppy dog eyes staring through the small window of the locked unit, waiting for someone to come rescue her. Joyful when she locked loving eyes with me for a solid 3 minutes as we sang our song “Love is All it Takes” in harmony at the top of our lungs.

42: Number of days since V’s release.

When V was finally discharged, I don’t know which one of us was more frightened. She was still somewhat delusional and paranoid, but the doctor felt that she was on the right track with medications and that it might be easier for her to stabilize in her normal environment surrounded by loved ones. I didn’t know what to expect, but I was relieved she was now safe with me and hopeful that her presence would make me feel less lonely. V’s homecoming produced a false assurance that I would finally be able to relax. Boy, was I naïve. In many ways, the past 42 days have been a nightmarish version of *Groundhog Day* (I detest that movie. Bill Murray lost whatever he had going for him after *Caddyshack*).

Since V has been home, she has moved through a number of phases that have simultaneously tested my patience and enhanced my capacity for love. Each soul-crushing moment is situated like a landmine in my psyche – connected yet isolated, dormant yet always threatening destruction.

V's lows:

- Accusations that I was sleeping w/ both her sister & doctor.
- Accusations that I was going through her personal belongings.
- Paranoia that our house was not safe.
- Assertions that she was physically attracted to other people in our circle of friends.
- Paralyzing fear that she would soon be dead.
- Delusions that the ocean was going to swallow her up.
- Determination to jump into the ocean to prove that “she could do it,” and “if I die, I die.”
- Lingering suspicions that there was a strong “male/female” conflict of energy both within herself and in the outside world.
- Efforts to assert independence by pushing me away on a daily basis.
- Paranoia that her friends were angry with her.

- A severe temper tantrum resulting in repeatedly punching the bed and kicking me out of the house (which I only agreed to once I knew several friends could come take my place).
- An unsuccessful attempt to walk onstage and conduct a student orchestra at a talk on Music & the Mind (I guess we weren't ready to be in public yet...my bad).
- An unsuccessful attempt to purchase a \$500 harmonium.
- An unsuccessful attempt to get a tattoo that she drew on herself.
- Lashing out at her friends for carrying on a conversation that was "too much."
- Lashing out at me for "playing the victim."
- General restlessness, dissatisfaction and desire to leave wherever she was.
- Restless Legs at night.
- Severe anxiety & inability to relax.
- Severe depression & hopelessness.
- Tremors.
- Speech aphasia.
- Flashing thoughts of stabbing herself.
- Continual distrust in her doctor.
- Throwing her shoe across the room after receiving news of losing her beloved job as a music therapist for special needs children.

If V was the earthquake, I was the corresponding aftershock. Keeping my own instability at bay proved very difficult.

My lows:

-Abusing Xanax.

-Feeling satisfied that forgetting to eat for several weeks resulted in much-desired weight loss.

-Feeling disappointed for allowing emotional binge eating and subsequent weight gain to take over again.

-Pretending to be sick so I could stay in bed and reap the small benefits of V taking care of me for a change (even if it was just by getting me a glass of water).

-Feeling helpless that I couldn't do anything about V losing her job.

-Resenting V's family for sending more money instead of more people

-Resenting V's family for suggesting we move to Colorado.

-Resenting V for taking me on a roller coaster ride of abusive then affectionate behavior.

-Resenting the doctor for releasing V too early.

-Staying at work 30 minutes longer than I had to every few days because I didn't want to go home.

-Lying to V about having to go to work so I could go to the movies and remove my brain from my head for two hours.

-Slamming a door and throwing a mirror across the bedroom, leaving the glass pieces for V to clean up.

-Sitting in my car at midnight stringing together a long chain of swear words and hurling them in God's general direction.

-Following V and her friend to a coffee shop and watching them from my car for an hour like a creepy stalker to make sure she was okay.

Not my proudest moments, obviously. But it wasn't all bad. I left no stone unturned searching for nourishment in the desert of despair. I cut open every prickly cactus that threatened to kill my relationship with V, determined to savor every last drop of hope and joy found within. Even now, just when I think I will surely die of thirst, these moments arrive just in time to fill my cup again.

Small triumphs include:

-Having our first intimate evening since the hospitalization, followed by a triumphant 3am feeding of Hot Pockets, while sitting at the kitchen table in our underwear.

-Jumping around in the middle of the night to the sounds of “Jump” by Kriss Kross, “Jump” by Van Halen or “Jump Around” by Cypress Hill in attempt to ease the symptoms of V’s restless legs. Also in our underwear, laughing.

-Getting excited the first time V said, “I can do it.”

-Taking comfort in the soothing reverberation of an impromptu lullaby travelling from V’s chest to my ears as I sobbed in her arms (my favorite place to cry).

-Laughing from my belly when V decked herself out in rainbow colors and put on a one-man Pride parade for our friends, since she missed out on the festivities during her hospital stay.

-Being proud of V for finally being able to recite the months of the year backwards in front of her psychiatrist.

-Busying myself collecting donations and designing an ad to congratulate V for being nominated as Woman of the Year in a local magazine.

-Appreciating total financial support from V’s mom & step-dad.

-Appreciating emotional support from both my dad & sister who offered their presence when I needed it most.

-Appreciating a few days of being able to play catch-up at work when V’s brother flew out to be with her.

-Appreciating a couple nights away from the madness when V’s sister flew out to be with her.

-Appreciating a few days of peace and quiet when V decided she wanted to spend some time in Colorado with her family.

-Appreciating the humble but overwhelming support of my circle of friends who kept me company, cleaned my counters, did my laundry, brought me flowers, replenished my groceries, gave me hugs, and left keys under their mats just in case.

-Being moved to tears when V finally found her voice by belting out Etta James' "At Last" in our living room.

-Accepting V's sincere gratitude.

5.7 million: Number of adult Americans affected by bipolar disorder each year.

Here comes the most important part of the story. It's the part where I create awareness by telling you what I've learned. If you are taking care a loved one with mental illness, please know that you are not alone. Remember that your experiences and emotions are just as valid and deserving of support as those of your loved one. While there is no uniform instruction manual that comes with the job of caretaking for a person with mental illness, I have added a few tools to my toolbox, and I am more than happy to share them with you:

Work within your realm of control

Realizing that you have very little control of life in general can be disturbing or enlightening depending on how you choose to come to terms with it. Do yourself a favor and try to give up whatever control you *think* you have. You need to conserve your energy! I spent the first week of V's hospitalization clinging to a crippling fear that she was going to die. I could hardly function because I allowed this fear to consume me. One night I had a long talk with the Universe and realized V is going to die one day whether I like it or not, just like everyone else. I made a conscious decision to stop worrying about losing her and start appreciating every single second we had spent and will ever spend together. I found comfort by giving up the absurd thought that worrying about her death would somehow keep her alive. This gave me a newfound strength and fearlessness that helped carry me through the remainder of her hospitalization. It also replenished my energy and allowed me to roll up my sleeves and get to work on all the elements I *could* control.

Assemble a team...now.

Before V's break, we knew two things. We loved her psychologist and we did not love her psychiatrist. Due to many other negative experiences with psychiatrists, we felt like we were settling for the best of the worse. This was a huge mistake. It turns out the psychiatrist she was seeing was not even giving her therapeutic doses of medication, which probably contributed to

her break. We're not talking about a pair of shoes that will give you blisters until you break them in. If a doctor is rubbing you the wrong way, do something about it! Do not stop looking for a therapist and/or a psychiatrist that meets your loved one's needs. Both are critical to treatment. Make sure they talk to each other. Make sure they explain their treatment plans. Make sure they include you *and* your loved one in the conversation. Make sure they treat you both like human beings. Put their numbers on speed dial. I feel much better now knowing that V has a psychiatrist who cares about her as a person, talks to her psychologist, listens to our concerns, and makes himself available by phone 24/7. These kinds of doctors do exist! Keep searching and don't settle!

And while the doctors are the MVPs of the team, you also want to fill up the roster with as many family members, friends, employers, etc. as possible. Collect email addresses and send out updates about your loved one's status. Try to keep a united front regarding treatment and awareness, so no matter where your loved one turns, they are finding the same support at every angle.

Know the medication

Since this ordeal started, V has been on at least 9 different medications. Make sure you know exactly what medications are being taken, the dosages, when

refills need to be called in, etc. Write it down and tape it to the bathroom wall or mirror. Make copies for your wallet and for other loved ones. **Yes**, do your homework. Google the bejeezus out of each medication and make sure you know everything about it. **No**, don't panic. Some websites are unreliable. Write down a list of any concerns and take them to the next doctor's appointment. Take note of side effects and discuss them with the doctor. Also take note of how the medication is *helping* your loved one. It's easier for the patient to focus on the uncomfortable side effects of a medication than to acknowledge the benefits of it – it's your job to point out the positive.

Prepare for an Emergency

Sure, I have hopes that V will never be hospitalized again. But that doesn't mean we can't be prepared. Build a bomb shelter with the help of your loved one so you don't have to duck and cover on your own during an emergency. While you have the luxury of working together, divide and conquer important tasks. Pull past hospital records and keep them all in one easy-to-find location. Keep a running list of medications and their effects. Ask your loved one to sign consent forms ahead of time. Find out which hospitals and emergency rooms take insurance or accept patients without insurance. Find out which hospitals have a good reputation for patient care. Is your loved one eligible for any disability programs? Start putting a little bit of money away

each month just in case. Empower your loved one to make decisions with you while they are stable. Ask them to write down a list of accepted visitors. Ask them to write a self-addressed letter explaining in their own words what to expect and who to trust. The idea is not to live in a constant state of fear, but rather to make a joint effort in establishing peace of mind in your household.

Don't forget to take care of yourself.

How many times have I heard this sentence? For some reason the most logical and obvious piece of advice to follow is the one that proves the most difficult. I am the last person who will judge you for wanting to crawl into a hole with a tub of ice cream and no desire whatsoever to shower or change your clothes. I know when this dreaded sentence comes out of someone's mouth, all you will want to do is stick your fingers in your ears and cry. It is HARD to take care of yourself when you are completely consumed with grief, when you have absolutely no energy to spare, when you are drowning in hopelessness, when you are shitting rivers of worry, when you are starting to make friends with your own sadness, when you don't feel like fucking taking care of anything or anyone else until the person that you love is okay. OKAY?! I get it. But just let me say this. Try to sleep. Nothing makes me feel more batshit crazy than a sleepless night. Even if it's a 20-minute powernap in your car on your lunch break, try to sleep. Anything you manage to do for yourself on top of that is

icing on the cake. I am the type of person who needs alone time, so I have managed to carve out an hour or two here and there to go to my favorite coffee shop and write. That alone reminds me that caretaking is not my sole identity, just like mental illness is not your loved one's sole identity. Find another thing, no matter how simple, that defines you as an individual and use that thing as a lighthouse to guide you back to yourself. Cooking, exercise, going to therapy, going to the movies, reading, taking baths, getting a manicure, and grabbing coffee with a friend are activities I highly recommend. And for the record, I totally support you if your wardrobe rotation dwindles down to your favorite and second-favorite pair of sweatpants.

Set boundaries

This falls into the category of self-care, and it also sucks. Write down a list of deal-breakers and share them with your loved one. If you love yourself, you must decide what you will and will not tolerate. My deal-breaker is this: "I refuse to make an effort to take care of you if you do not make an equal effort to take care of yourself." Before I was with V, I was married to an alcoholic. While many other factors (mostly my own realization that I was a total lesbo) led to our demise, I learned a lot about boundaries through the role I played in that relationship. I have since decided I care about myself way too much to

accept another scenario where I am doing all of the hard work on my own. V knows that she must take her medication if she wants me in her life. This protects our relationship because it prevents me from acting like her mother. I have no desire to stand in the bathroom every morning and every night watching her take pills. She knows that I am doing absolutely everything in my power to help her overcome this disease, and she knows I expect the same of her. If the doctor told me that chopping off my pinkies would help alleviate her symptoms, guess who would walk around giving people High Fours? This girl! But I will not stand in her corner if she's not even in the ring. I hope knowing how serious I am about the boundaries I have established keeps V from crossing them. Still, I can't help but spend most nights praying that she'll never make me prove it.

Know your rights

There are certain disability laws that apply to caretaking. Be aware of the programs that are available to you, and ask your HR representative at work to help you, if applicable. I never want to speak badly about the company that deposits money into my bank account twice a month, but the unfortunate reality is this: They did not know the laws regarding this matter any better than I did. As a result, I wiped out my vacation & personal days when I should have been covered through Paid Family Leave. I would never want to trade

my casual workplace environment for a stuffy corporate job with a huge Human Resources division; however, I should have accepted the shortcomings of this situation and prepared accordingly. My boss and co-workers were wonderfully supportive throughout this ordeal, but rights are rights and you owe it to yourself to know yours.

Find the silver lining. It's there, dummy.

Listen. It's not always easy to walk around like Susie Sunshine, finding little nuggets of gold in the pile of poop you're swimming in. But make a point to acknowledge the blessings in your life. Chances are it could be *way* worse. Sew a quilt out of scraps of progress and warm yourself up with it. Construct a ladder with rungs of perspective and hoist yourself out of the pit. Besides finding the right psychiatrist, so many wonderful things came out of this experience. Besides learning that I am one tough cookie, the biggest blessing of all was growing much closer to V's family (no small feat for a lesbian trying to win over a bunch of Catholics). I think some of them were finally able to move past the idea that we were just two homos having sinful sexual relations. They now know beyond the shadow of a doubt how much I love V, and they are able to rein in their religious beliefs just enough to see us as a legitimate, committed couple. I don't think V's sister would have ever started calling me "Aunt Lindsay" in front of her kids had this horrible experience

never occurred. Remember that there is always something to be grateful for, no matter how bad it gets. Of course, you are definitely entitled to moments of frustration, hopelessness and anger. But don't shut out the possibility of joy and restored hope. Happiness lightens up the crappiness.

Be Love

These two simple words encompass everything. They are my religion, my political party and my purpose in life. Being love is not always easy, but you better believe I wake up every morning and I take a heartfelt stab at it. Life is only pointless if you refuse to see the point. You were born with the ability to give and receive love freely, but like all of us, you have probably allowed the pressure of society, religion, politics, your mother, your friends, your job, etc. to block the transport of love. Get rid of these obstructions. I would suggest any or all of the following: Throw away your TVs. Learn to trust the process. Stop trying to impress people. Stop judging people. Stop taking things personally. Stop numbing your emotions with food, drugs, and alcohol. Stop confusing "letting go" with "giving up." Get thee to a therapist. Start practicing your passion. Start showing compassion to everyone, not just the people you like. Start being nicer to yourself. Start allowing yourself to feel things. Start giving your love away, and just watch how fast it boomerangs right back into your heart.

So there you have it. I wish I could say that V is back to normal and wrap up this story like a romantic comedy. But we are still working hard on her recovery and treatment. The fact is we will continue working on those things for the rest of our lives. Just like anyone else, we will continue to face harsh realities and make tough decisions. Will V ever work as a music therapist again? Will we ever have kids? Will the state of California ever get with the program and allow us to get married? We will tackle these and a number of other questions through the years, with love. Probably while eating Hot Pockets, in our underwear.

If you take care of someone with mental illness, please consider this small piece of prose to be an extended hand, a fresh handkerchief or a nice long back rub. You deserve these things. If you work in a hospital with the mentally ill, please remember that a little bit of patience, compassion and communication can go a long way. If you've never met or always avoided the mentally ill, don't worry; it's not contagious. Well, I take that back. But if you do "catch it," it's only temporary. Just try and remember that V is just like that "bum" talking to himself outside your local liquor store. The only difference is love & support. So don't shy away from the opportunity to show yours, even if it is directed toward a complete stranger.