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HANGING FROM THE CHANDELIERS

I. Blindness

(2002) “I am going blind. I am going blind.” This is what my mother would proclaim when I would call her in the psychiatric hospital in New Jersey, almost three thousand miles away in Los Angeles. “By tomorrow,” my mother would shout frantically into the phone, “I will be blind.”

Her pills were no longer working. For years she coped on her own until her doctor reduced her Haldol in hopes of decreasing harmful neurological side effects. The results were cataclysmic. While at Princeton, my brother tried to nurse her back to health. There were trips to the emergency room. Psychiatric hospital stays. A month-long stint in assisted living where, on Risperdal, she was drugged into incontinence, lying prone in bed for weeks, becoming more dangerously underweight with each passing day.

(1989-2013) Haldol or “good ole Vitamin H”—as prescribing doctors called it once—is a first generation neuroleptic treatment for schizophrenia. A “high potency” antipsychotic, it works to block neurotransmitter dopamine receptors, particularly D2 receptors. This earlier class of antipsychotic is known for severe side effects that are associated with the symptoms of Parkinson’s disease. To name a few: muscle rigidity, dystonia, and tardive dyskinesia (TD). TD includes involuntary, repetitive tic-like movements especially in the facial muscles and then sometimes the limbs, fingers and toes. My mother suffered from TD. Her fingers were strangely bent, her face noticeably affected.

(2002) Horrified by his blunder, my mother’s psychiatrist of ten-plus years asked my brother for forgiveness before swiftly departing from the emergency room, never to return a call or be seen or heard from again. After months of convulsions, psychosis, bouts of near catatonia, of being ejected from one psychiatric ward after the other, my mother landed by happenstance in a facility called St. Clare’s where an attending psychiatrist took note of my brother’s concerns over the negative side effects of the new prescription

of Risperdal. The incontinence. The shuffling. Determined to find something that would work, my brother researched the latest antipsychotic drugs. The one that looked most promising was called Seroquel. After much insistence on the part of my brother, my mother was prescribed a new cocktail of drugs that worked. My mother liked her new doctor. He seemed bright and she opened up. For the first time in her psychiatric history, when asked if she heard voices, she admitted in the affirmative.

- (1998) A new generation of antipsychotics was introduced. These new drugs—dubbed *atypical* antipsychotics and known to quell schizophrenia (hallucinations, delusions) by blocking receptors in the brain’s dopamine pathways—were deemed less likely to induce the same severity of motor-control side effects.
- (2002-2011) On a cocktail of Seroquel, Haldol and Zolofit my mother was no longer anhedonic. For the first time that I could recall, she took pleasure in activities unrelated to studying law or performing a job. “Have you ever listened to Elton John?” she asked me, excited about her new find. “He’s terrific.” A whole new dimension of life opened up. She had great admiration for Luciano Pavarotti, and collected all of his performances on videotape. She became a devoted tennis enthusiast, setting her alarm for five in the morning to watch coverage of international championship events. It was as if she awoke from a long, incomprehensible sleep.
- (1990-1994) Before my mother’s phoenix-like recovery, I would visit her in a nondescript one-bedroom apartment in New Providence, New Jersey, a depressing place she referred to as “the hovel.” In her kitchen cabinets I once discovered a stack of small white plates, each streaked a reddish-brown with the dried blood of steak: “Mom,” I remarked, “you need to wash your dishes before putting them away.” “Why?” she replied with a devilish laugh. “They’re just going to get dirty anyway.”
- (1984-1990) I didn’t learn that my mother officially suffered from a “mental illness” until I was eighteen and enrolled at San Francisco State University where I studied philosophy and poetry. At the time I was told she was diagnosed with paranoid manic depression; this seemed explanation enough. Then when I was twenty-four and living in Silver Lake in a studio apartment and working at the *LA Weekly*, I learned that her diagnosis was not one of manic depression but schizophrenia.

- (1990, 1973) Learning of her true diagnosis, I became angry (though this was nothing new) and spent time in the Los Angeles Central Library looking up the disease. On the shelves I found ten books on the subject, maybe more. First I tried reading scientific books on the topic, grew impatient and bored, then turned to more narrative-based works. I read R.D. Laing and became confused. Apparently my mother's psychosis was an outgrowth of poor parenting and societal pressure; after all hadn't her parents neglected her for their professional interests, sending her to boarding school almost ten thousand miles from home at the age of twelve, two younger siblings in tow? But I didn't understand why *I* wasn't afflicted with schizophrenia—hadn't I also suffered from poor parenting? My father was rarely home, working late into the night at the labs, and on telescopes of distant mountaintops. My mother was often unduly violent and caustic, accusatory. She didn't beat me but would slap me, scratch and say cruel things, often unprovoked; when I was eight she would repeat the same strange hostile remark: "All you have are your eyes and your hair," she would glower. "And without that you have nothing."
- (1990) The book I gleaned most from was titled something like *Everything You Ever Wanted to Know About Schizophrenia But Were Afraid to Ask*. The pocket-sized textbook was pure Eighties, with a videocassette design for a cover. The author, a journalist whose son suffered from schizophrenia, outlined the history of psychoanalysis and the study of schizophrenia, putting the views of R.D. Laing into historical context. Patiently she distilled contemporary opinions—of those in the fields of psychiatry, psychology, biology and even nutrition—on potential cures for the disease, hoping to pool their findings and devise a holistic treatment for schizophrenia.
- (1990, 2013) From my studies in the library I learned that schizophrenia is hereditary and usually skips a generation. At the time I believed I had a thirteen percent chance of developing schizophrenia and that my children would have one chance in three. Today that number is revised. While still the same for first-degree relatives (children), in second-degree relatives (grandchildren) the odds of schizophrenia are five percent.
- (1970-1971) When I was five and six, I thought my mother was a witch. Not in the powerful Sixties feminist sense of the word but in the iconic Hollywood sense, like the Wicked Witch in *The Wizard of Oz*. She was striking. Her hair was dark, dyed black. Her face was pale, chalk white. She didn't look like other mothers. She would not often smile, or if she did it was usually

in accompaniment with a joke she was in the midst of telling herself, one that her children were barred from accessing. “If you can hear me, Mom,” I would try communicating telepathically from my bed at night, “knock on my bedroom door.” The knock never came, but I continued to make believe.

(1959) My mother’s first breakdown was at Oxford University. She was twenty years old and studying for her finals. As the story goes, her father—a medical doctor who specialized in subtropical diseases—flew from southern Africa to England to help his daughter. Immediately he determined that the electroshock therapy wasn’t working and she was only getting worse. He demanded that it be stopped. My grandfather was a renowned doctor who would write over twenty-nine books. Years later he would be knighted by the Queen and awarded by the Pope for his breakthrough work on the subtropical disease bilharzia. He believed his daughter had been dieting and that this contributed to her break.

(1957-1959) My mother and father met at university and were already engaged when my mother first became ill. The son of an English public house owner, my father was the first person in his family to attend college and was at Oxford on a scholarship. After my mother’s recovery, my grandfather reassured his daughter’s twenty-two-year-old fiancé that she would never become sick like this again; at the time my father believed him.

(1960) The wedding took place in the then-British colonial city of Salisbury, Rhodesia. In the black and white photographs my father looks movie-star handsome in his tailored mid-century suit and fedora. His skin is golden, his jet-black hair gleams and is combed back. His eyes twinkle with a knowing charisma. My mother looks radiant and pure in her white dress with the tight bodice and full skirt. Her brown hair bounces at her shoulders and curls, catching the light. In every way she looks his equal.

II. The Brain and Its Contents

(1968) “If you knew how it worked, you would die.”

When I was three years old, I began to have the following reoccurring dream: I would see an image of the brain, then hear an eerie pronouncement: “If you knew how it worked, you would die.”

- (2007) Reading H. P. Lovecraft's celebrated story of cosmic fear, "The Call of Cthulhu," I encounter the same self-revulsion and dread with its opening lines: "The most merciful thing in the world, I think, is the inability of the human mind to correlate all its contents. We live on a placid island of ignorance in the midst of black seas of infinity, and it was meant that we should not voyage far."
- (1965-2012) The brain figured prominently in my upbringing. My parents were "brainy." They aspired to intellectual achievement of one sort or another. My father was a trained physicist, recruited from England to Bell Labs in Murray Hill, New Jersey, where he worked with Nobel laureate scientists to develop a micron-sized radiation detector to support work being done on the Big Bang theory. The invention of this instrument would help him to build a sub-millimeter radio telescope on the top of Mauna Kea volcano in Hawaii. During the design of this telescope, in an effort to determine the formation of stars among other things, he worked on other telescopes around the globe. A final project with the European Space Agency allowed him to develop a telescope that would be the first of its kind launched into space.
- (1963-1965) My father also developed a neurological degenerative disorder as a result of his early experiments on microwave-excited electron paramagnetic resonance in rare earths. In the late Sixties it wasn't yet understood that prolonged exposure to toxic heavy-metal substances could lead to Parkinson's disease, even death. The onset of my father's illness didn't announce itself until he was in his late fifties.
- (2008-2010) Thus far my father had two deep brain stimulation operations, one for each hemisphere of his brain. A surgical implantation of a "brain pacemaker" is made in select regions of the brain; as a result of these operations my father regained some use of his motor skills, including better use of his hands to again build model trains and airplanes with some facility. The tremors abated as well as some effects of dystonia. No longer was his back a source of great aching pain. Slowness of movement was replaced by a faster gait. Once dopamine-increasing drugs like L-Dopa lose their efficacy, deep brain stimulation is one of the best available alternatives, but not a cure.
- (2008) In advance of the first operation, my father drew for me on a white paper napkin an image of the electrode receiving the electrical pulses produced by the neurostimulator, a device that would be embedded in his chest. The

projected pulses that he inked on this ephemeral object made no sense to him. He couldn't determine a sensible pattern or precise neurological target for the emissions of this high-frequency device.

(1998-2000) My father's left hand shook with a visible tremor for a number of years before it occurred to me to ask why. My father's wife explained, "You know how your mother has too much dopamine? Well, with Parkinson's disease your father has too little."

(1963-2013) Brain science that investigates diseases such as Parkinson's and schizophrenia are often focused on neurological conditions of excitation and inhibition. Schizophrenia is now believed to be an organic disease resulting from a neurodevelopmental disorder that is the result of a combination of both genetic susceptibility and environmental risk factors. Further disturbances in neurotransmitter systems, both GABA (inhibitory) and glutamate (excitatory), are implicated.

(1990-2000) Past autopsies reveal a number of confirmed abnormalities in the brains of those who suffer from schizophrenia—for example, "ventricular enlargement and decreased cerebral (cortical and hippocampal) volume."

(2008) Biologist Ronald Chase notes recent MRI imaging has revealed that "the brains of people with schizophrenia show a significantly greater reduction of *gray matter* (the area that includes regions such as muscle control, sensory perception, memory, emotions, speech, decision making, and more) than do the brains of healthy individuals. Moreover, much of the *white matter* (tissue through which the communication between the different areas of gray matter in the nervous system happens) has an abnormal physical appearance in brains of people who have schizophrenia."

Further, the time-lapse movies of UCLA's Laboratory of Neuro Imaging have shown that in schizophrenia, specific damage to the brain occurs in regions of the parietal cortex and the frontal lobe. Our sensory experience—what we hear, see or touch—is regulated by the parietal cortex. The frontal lobe is believed to help us regulate our rash behavior as well as organize the basic activities of our daily lives.

A staggering amount of brain tissue dies. The intensity of this brain death depends upon its onset. The death of brain cells is attributed to "excessive pruning" of synapses.

Neurologist and leader of the UCLA Laboratory of Neuro Imaging Paul Thompson evaluates this propensity for brain death: “If it comes on in your early teens, up to twenty-five percent of your brain tissue can be lost over a period of about five years. That is very severe. . . . If you develop schizophrenia later, with your first psychotic episode in your late twenties, brain tissue loss appears to be no more than one percent a year. Because it is a much slower process, the opportunities to intervene with drugs are greater.”

In the postmortem brain-examinations of adolescents, a striking reduction in the number of synapses has been found. According to Chase, “this finding is consistent with the decline in gray matter, because synapses are usually located on dendrites, the structures that fill gray matter. The loss of synapses is interpreted as a sign of ‘pruning’ whereby ineffectual and inappropriate neuronal connections are eliminated during the adolescent years to make room for more useful ones. Synapses play a critical role in information processing, so errors made during pruning have the potential to cause serious problems.”

- (1927-1959) When my mother first showed signs of this illness in 1959, neuroscience was in its infancy. Electroshock treatment—the production of seizures by the use of electric current—was the prevailing treatment for schizophrenia. If there was no improvement, confinement to a state hospital was the next step. Before this, the prevailing cures were the insulin coma and the prefrontal leucotomy or lobotomy. Introduced in 1927 and used extensively in the Forties and Fifties, the insulin cure required that patients be repeatedly injected with large doses of hormone insulin in order to produce comas. The lobotomy or prefrontal leucotomy was first introduced in 1936. While there was some success in “calming patients,” it fell out of favor after notable abuses in the Fifties.
- (2010) Recent neuroscience takes issue with the hypothesis that excessive pruning of synapses in adolescence is the cause of synaptic loss associated with schizophrenia. The viewpoint that synapses are lost due to excessive pruning is countered by the contemporary work of David Lewis, leading researcher at the University of Pittsburgh’s Western Psychiatric Institute and Clinic in Pennsylvania. What some believe to be an excessive pruning of synapses in adolescence may be a problem with the chandelier cells to generate “the organized neural traffic required for building robust connections” resulting in “a brain that can’t consistently organize its electrical activity or its thoughts.”

(2014) Chandelier cells are defined as “neurons that use their unique shape to act like master circuit breakers in the brain. These cells have branching projections that allow one chandelier cell to block the output of hundreds of other neurons. Defects in their function have been linked to epilepsy and schizophrenia.”

While it has been argued that there can be no silver bullet cure for schizophrenia, I hang my hopes on the ornately branched chandelier cells.

III. The Years Between

(1970-1973) When her children were young, my mother’s vanity revolved around maintaining a good figure. She would tell us about visits to the doctor and of the many compliments she would receive. “My doctor says that at twenty-nine, I have the body of a twenty-one-year-old.” I was eight and in the third grade when my mother decided to resume her college pursuits and become a practicing barrister. While my father went to work each day at the labs, my mother began to study the British law all hours of the day. She began to disparage the other housewives living in our suburban subdivision, losing all interest in social contact.

After a twelve-year absence from work, my mother returned to England to take the bar and passed on her first try. Ecstatic, she insisted we immigrate back to England so she could become a criminal barrister. In the midst of Seventies-era experimental work on superconductivity, my father was firmly opposed to this move but, after several months of my mother’s continuous demands, relented.

(1973-1976) My father kept his job at Bell Labs and took a second at a university in London. My mother got her start working at a prestigious chambers; in her closet were all the accouterments of the English barrister profession—the horsehair wig, stiff collar and gown. After her provisional training position ended, she was unable to obtain employment at another chambers. The barrister for whom she had worked moved up to become a QC (judge) and wasn’t able to obtain for her another position. In two years she saw her future prospects dead-end and grew increasingly agitated and frantic.

Just as my mother’s hopes for a law career in England collapsed, small hairline cracks began to appear in the walls of our newly minted townhouse. Then in a few months the cracks swooped from wall to wall,

thick and branchlike. Soon we learned our house had been built on clay over an underground river, causing the foundation to shift sporadically. My mother was the first of the estate townhouse owners to catch on, and the first to sell the faulty home back to the developers.

(1976-1977)

It was the summer of the American Bicentennial when we returned: Gerald Ford was President, *Saturday Night Live* was a new phenomenon, and the two-dollar bill was back in circulation. My mother would not give up on her professional prospects so easily; immediately she resumed her studies, passing the New York Bar, and the New Jersey Bar on her first try.

My mother went to work as a criminal defense lawyer for legal aid in New York. Again she was unable to retain a paid position for long. Quietly we agonized for her. What made employment so difficult? Was it her inability to socialize? To speak freely without divulging a slew of paranoid thoughts? What set her apart? Was it her age? Pronounced colonial African accent? Her gender?

(1978-1981)

Unable to secure a long-term position with the public defender's office or a private legal firm, she went out on her own with more success. As a public defender for hire in Jersey City and Brooklyn, she worked on behalf of undocumented immigrants to obtain amnesty. She wrote appeals, went to trial and represented those facing criminal charges in court, while being paid badly by state funded "vouchers." My father's income covered the extra expense and she bought smart and fashionable suits at Saks Fifth Avenue and Lord & Taylor.

At that time she exhibited many of the classic symptoms of schizophrenia, but I didn't know this. Sleepless nights, the long bouts of senseless laughter. Social withdrawal and an increasing fear of others. Mania and irritability. By the time I was a junior in high school the paranoia had escalated into florid hallucinations. My mother believed the district attorney watched her from the overgrown bushes of our untamed woodsy backyard. She was just as convinced that on the weekends I traveled by train between our new colonial revival house and New York where I sold her secrets to the district attorney, her adversary in the courtroom. When I went out at night she accused me of being a "tart" and walking the streets as a prostitute.

Even so, my mother continued to win court cases on behalf of her clients. Precedent-setting appeals were published in reputable law journals. She often asked me to read out loud to her from the long repetitious legal and appellate briefs she penned by hand on yellow legal pads.

(1981-1983) At sixteen I orchestrated a less than admirable departure from New Jersey in order to live with my father in Pasadena, California, where he began working at Caltech. My younger brother was left behind to care for my mother, who struggled each morning with the simplest tasks. “Where are my keys?” “Where is my comb?” Compassionate and capable, he did his best to keep her on track.

Years of untreated psychosis and commuting long hours everyday between New York and New Jersey took their toll. My mother developed Capgras syndrome: the terrifying delusion a close friend or family member has been replaced by an identical imposter. She would call to tell me that my brother wasn’t my brother. “He has hair on his legs,” she would say. “I don’t think it’s him.” She insisted that she saw me on television; what is formally known as a delusion of reference. She talked of ending her practice in order to be with us in California.

Suffering from paranoia, my mother was leery of everyone but her husband and children. When her parents tried to visit, she refused to let them inside the house. Her sister from Texas tried to get her to go to the hospital. Only after my parents’ divorce did she become fully incapacitated and undergo treatment.

(1984-2000) For decades my mother succeeded, with a marked degree of discipline, in living on her own. She never needed help taking her medication. She was fastidious about her health, scheduling regular medical appointments. Taking daily walks, driving herself to a local mall even in bad weather, she maintained her mobility; she drove alone in snowstorms and found young people whom she could pay to help dig out her car from the deep snowdrifts. She took care of her finances without much assistance, adjusted to a limited income without much complaint. She became an expert sales shopper, waiting patiently for what she needed to go on sale; she clipped coupons for the least expensive supermarkets. Following recent political news on television, she could participate skillfully in political discussion of contemporary affairs. Decision-making was never easy; she never felt sure of her choices (what is known as Alogia, a negative symptom of schizophrenia). All the same she managed to take trips, visiting family in Rhode Island, visiting us in California, flying to Vienna where my brother studied on a fellowship.

(2001-2010) After the change in her medication at St. Clare's, my mother's life took an unexpected turn for the better. She made a friend, a neighbor from Ecuador of a similar age who worked as a skilled nurse and welcomed my mother into her close-knit family for holidays and celebrations. For years the two women did everything together. Shopped, lunched, watched movies, shared tips on doctors they liked. When my mother broke her hip, she had someone on whom she could rely.

IV. Hospitals Beginning with the Letter R

(2009-2010) The friendship with her neighbor that extended over several years abruptly ended one day when a dispute over storage space caused my mother to question the authenticity of her friend's feelings. For my mother the rift was intolerable. Her friend called dozens of times, but it was not within my mother's capacity to forgive and forget.

(Oct-Nov '10) Shortly thereafter my mother's psychiatrist decided to reduce her Haldol to prevent further damage to her nervous system. We didn't learn of this decision until my mother descended into a paranoid schizophrenia state. This induced in my mother persecution anxieties related to a hip-joint manufacturing company whose faulty product came under scrutiny in the news. Like past delusions, the false beliefs mirrored anxieties based in reality, in this case a previous hip replacement surgery she successfully underwent years before and fears of its imminent failure.

My mother came to Los Angeles for Thanksgiving and assured us that her doctor had increased her medication after realizing the blunder. Everything would be fine. She returned home to Chatham, New Jersey, but her condition didn't improve.

(Dec '10) After a call to 911, my mother was taken by ambulance to Morristown Hospital. Her psychiatrist failed to follow up with the attending doctors. It was a winter of heavy snowstorms. My mother didn't receive her correct medications, causing her to deteriorate rapidly; it took several phone calls to find a nurse willing to locate a doctor who would approve my mother's daily medications. Eventually my mother was moved to Ramapo Ridge psychiatric hospital where she was legally committed.

(Jan-Mar '11) Recovery from a relapse is painstakingly slow, mysterious, never guaranteed. In this particular instance a heavy increase in Seroquel was the

only recourse; my mother refused all other treatments. On the increased dosage of Seroquel her blood pressure skyrocketed and she ended up in the cardiac ward at a nearby medical facility until her medications could be tweaked. Three months passed before my mother received permission for her release from this facility.

Ready now to move her to California, our only difficulty was finding a skilled nursing facility to take her, a stipulation of her release. Apparently not a single vacancy on Los Angeles' Westside was available. Every nursing home in L.A. but one was full.

(Apr '11) As an attending physician of the Beverly Hills Rehabilitation Center, my second cousin was able to procure a place for my mother. We were deeply grateful. Even so, significant delusions persisted. She began to talk of possessing both male and female genitalia, calling to warn me: "Don't forget, Claire, there is the sexual problem."

(Apr '11-Nov '12) Within a week's residence in a light and airy Park La Brea tower apartment, "the sexual problem" and other delusions from her relapse receded. With the help of two health aides, Filipina sisters, my mother learned the neighborhood and adjusted to a new routine. She gained back the weight she'd lost, scrupulously adhering to her AARP diet, and created a structured life for herself. She shopped the sales racks at Nordstrom and Kitson for lovely, brightly colored dresses to give as gifts to her granddaughter. Enrolled in computer classes, she became highly disciplined about vitamins, pills and walks. We anticipated a long stint of health ahead.

(Dec 2012) The trouble began around the holidays.

Shortly after an intense bout of diarrhea, my mother called to complain about a friend of mine. She insisted that my friend was a heavy drinker and I must steer clear of her at all costs. None of this made sense; my friend, who has an eating disorder, was incapable of consuming anything in quantity, barely able to tolerate a glass of wine. My mother and I argued and angrily I hung up the phone.

That night I dreamed that my mother was giddily flying half-naked on a broomstick around her white-carpeted Park La Brea apartment. At one point she rammed the end of the broom into the middle of my back. I woke from this dream with the sinking feeling that my mother was

sick again and that the witch was back. I called my brother who said our mother was leaving strange accusations on his voice mail. He drove immediately to Park La Brea to check and see if she was taking her pills, housed in a neat little labeled plastic dispenser. My mother wasn't pleased that he came to check on her; she knew what this meant. Only days later, after more tirades and arguments, we discovered the pills were the wrong dosage. Instead of taking the prescribed four hundred milligrams of Seroquel, she was taking one hundred.

After the difficult bout of diarrhea my mother had become too weak and confused to notice that her pharmacy administered the wrong dosage of pills. By the time we discovered what had happened, the hallucinations were florid, she hadn't slept in days, she heard people dancing in her hallways at night. She was agitated, under siege of full-blown hallucinations, and finally willing to acknowledge she needed help.

(1984-2013) A single missed pill was all it took for my mother to become destabilized. She knew the urgency of taking her pills. For years she kept track of her meds by pouring them out onto her bed and counting backwards; this way she knew whether she had taken her medication based on the date of the prescription on the bottle. Once she stopped fighting her diagnosis she was able to stay on her medication for years at a time without assistance. Toward the end of her life she only refused to take her medication when she knew she could no longer cope, when being on her own without medical supervision proved too much.

(Jan-Feb '13) Historically, trips to the psychiatric hospital had been rife with disaster. I was afraid to see my mother in the hospital again in the same catatonic state as before. After a discussion with our mother's psychiatrist—and because my mother had only one hundred Medicare days left of psychiatric care for the rest of her life—I decided I would try to help her get better at home.

(Feb-Mar '13) My brother and I made sure she took her pills. She didn't improve; in a few weeks she became regressive, mean; paranoid. She had trouble getting out of bed and refused to leave the house, refused to take walks. She vacillated between accusatory behavior and immobility. She didn't get along with her health aids, who either quit or were fired. After a month of little improvement, she refused to take her pills.

(Apr '13) At the suggestion of her psychiatrist, my brother and I took our mother to Ronald Reagan Medical Center at UCLA where the Resnick Neuropsychiatric Hospital is housed. After a twelve-hour wait we found there were no beds; this, we learned, was typical, a shortage of psychiatric beds existed all over the city. We were sent home. Five days later, once our insurance was approved, she was admitted.

My mother's doctor was world-renowned and had an excellent bedside manner. He lowered the dosage of Haldol she was on and raised the Seroquel. He reassured us that if her pills worked in the past, they would continue to work into the foreseeable future. This allayed our greatest fear: that after running out of Medicare days our mother would have no choice but to live out the rest of her days in a rundown state facility, under whatever spell the misfiring synapses and ruined neurotransmitters of her brain concocted. After two weeks residence at Resnick, in which our mother hardly ate, she seemed less paranoid and delusional, less agitated. We were told she couldn't stay any longer and she was released to go home.

(Apr-July '13) She began to take walks again around the palm tree-landscaped park behind her apartment tower. After a time she demanded to do things for herself and be relieved of her daily health aide. Unfortunately she was still not fully recovered. The delusion she suffered from—that her teeth were in grave danger of falling out—was a holdover from prior relapses, making eating difficult. She refused to allow health aides to touch her food or wash her plates; soon she stopped eating almost altogether and the pills lost their efficacy. She touched none of the yogurts we bought, frozen dinners or sandwiches. Wouldn't order food from Yummy.com, complaining it wasn't yummy. (I couldn't blame her.)

(Aug '13) In the midst of a summer heat wave, we were back to where we started: our mother suffering from a terrible bout of diarrhea. We checked her into the hospital where she was ignored for more than a day, then prodded clumsily; she returned home in a weakened state, unhappy and complaining bitterly of her experience. Worn out by her illness, I insisted she be moved to a home. Although we hadn't money for this kind of care, I disliked the idea of my mother alone at night under the influence of powerful hallucinations. I was afraid she would fall. I was afraid of what might happen in the middle of the night.

(Sep '13)

She did fall. Weak and emaciated from months of troubled eating, she wobbled when she walked; in the morning her blood pressure was low and she became dizzy and fell onto the carpeted floor in the living room. The paramedics came and took her to the hospital for tests, then brought her home, instructing her to use a walker. Two days later she fell again. The paramedics came again, administering tests in the ambulance before determining she was all right. Another two days passed and then it happened, cardiac arrest; she couldn't stand, lay on her bed, her breathing heavy, forced. The health aide asked if she should call 911. "No," said my mother. It was enough. The health aide obeyed my mother, before changing her mind. She dialed 911. It was too late. It was finally enough. 19