

## CHAPTER 1

# Baltimore

*BEATRICE TUSIANI, called as a witness, having been first duly sworn, was examined and testified as follows:*

*Q: Good morning, Mrs. Tusiani. My name is Ed Davis. We are here today to take your deposition. I represent Road to Recovery in a lawsuit you and your husband have against them and others in connection with the death of your daughter, Pamela.*

*A: Yes.*

*Q: You were given an oath. That is the same oath you will be taking when you come to California to testify in the trial. Do you understand that?*

*A: Yes.*

*Q: Have you had any discussion with anyone, other than your attorney and your husband, in connection with preparation for the deposition you are here today for?*

*A: Yes. My children.*

*Q: Specifically which of your children did you speak to?*

*A: Paula Tusiani-Eng and Michael Tusiani.*

*Q: How old is Paula?*

*A: Twenty-nine years old. They are twins.*

*Q: You are married to Mr. Tusiani?*

*A: Yes.*

*Q: Have you been married to anyone else?*

*A: No.*

*Q: Has Mr. Tusiani been married to anyone else?*

*A: No.*

*Q: Have you been employed during Pamela's lifetime? Were you employed outside of the home?*

*A: I worked for a local newspaper for a couple of years – mornings, from nine until twelve, while she was in school.*

*Q: What sorts of activities did Pamela engage in when she was in grammar school?*

*A: She played basketball, she played volleyball, she was on the class newspaper, she did some service with the elderly.*

*Q: During the time that Pamela was in grammar school, did you participate in any of her activities with her?*

*A: I was involved in many activities. I was on the parents' council. I was an art lady in her class. I was on the school committee to paint the lunchroom. I ran her class newspaper. I took her to all of her – both myself and my husband as best he could – to most of her sporting events. I prepared food for all of the special cultural days. I was very involved.*

*Q: What kind of student was Pamela in grammar school?*

*A: She was just above average. She wasn't an A student consistently, but I would say she was a B, B plus student.*

*Q: Did Pamela exhibit any behavioral problems in grammar school?*

*A: No. She wasn't a problem at all in school. She was always considered a bit shy and introspective. She wasn't terribly verbal. When she reached puberty, we found that we had to kind of pull things from her. But at that point, it wasn't inconsistent with the way my son was either, so we just felt that it was normal behavior.*

*Q: Did you observe anything during the time she was in grammar school that led you to believe she was more challenged than your other children in terms of her emotional stability?*

*A: At the time, no. Looking back, yes.*

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BEA

"Pamela! Pamela!" I call out from across the room, hoping the sound of my voice will rouse my 20-year-old daughter from her hotel bed. I've already been awake and dressed for an hour, waiting for her to get up. She usually takes awhile to get going in the morning, I'm used to that, but this time it's different. I don't know what frame of mind she'll be in when she wakes up.

I try to read the newspaper, hoping the events of the outside world will somehow distract me. But my eyes keep coming back to Pamela.

Will she be coherent? Will she remember where she is? I look from the headlines, to her body lying listlessly under the covers, to the digital clock on the nightstand.

It's already 9:30 in the morning. I can't let her sleep any longer. There's too much at stake. In one hour Pamela's fate will be determined by a psychologist at Johns Hopkins Medical Center. He will decide if she needs to be admitted to the psychiatric ward there.

It was only yesterday that I dropped everything in New York and drove down to Baltimore in response to Pamela's desperate pleas. I found her in her Loyola College dorm room, sobbing, while her suit-mates went about their business. The social and academic pressures of college life seemed so energizing for them. But not for Pamela. She suffered, quietly, as the world hummed around her.

I decided to take her with me to a hotel, until we could figure out what to do next. I was hopeful that if I took her away from all the stress she'd been under she might recover and not need to be admitted to the hospital at all. But now, as I nervously glance around the only hotel room in Baltimore I could find close to the hospital on such short notice, I secretly fear the worst. The clock says 9:38. I need to do something immediately.

I walk over to Pamela and shake her. Then, remembering the stalling antics of my son who never wanted to get out of bed when he was a teenager, I decide to try a different approach. Throwing open the curtains, I firmly demand, "Pamela! Get up!" as hundreds of particles of light stream into the room, blinding her.

The sudden shock of it causes my beautiful 5'6", dark-haired, olive-skinned college junior to fall off the side of the bed. Lying on the floor, she appears dizzy and disoriented. When I bend down, her glazed-over eyes suddenly meet mine. She looks at me, as if to say something. But no words come out of her strained mouth. I stand back and sense something is terribly wrong.

"Pamela! What's the matter?" I ask, my voice cracking. I grab her shoulders, and try to jolt her into responding. "Speak to me." But she continues to sit on the floor, staring blankly into space. My daughter is losing her grip on reality, and I've never been so scared.

Seeing the clock once again out of the corner of my eye, I force myself to take action. I strip off her pajamas, prop my arms forcefully under hers, and drag her into the shower. As I soap her down with a washcloth, she leans limply against the tile and doesn't resist. It's as if she's a baby again, and I am giving her a bath. My mind races as I towel down her naked body. She stumbles away from me, unclothed, and slowly slips sideways onto the couch.

I feel desperate, but try with all my might to hide it. I rummage through a hodge-podge of clothes in her duffle bag, and pull some things out for her to wear. Somehow, I manage to fasten her bra and button her jeans. A queasiness sets into my stomach as I feel how much against the natural order of things it is for a mother to be dressing her teenage daughter in sexy, bright purple underwear.

I finally collapse onto the couch myself, exhausted. All of a sudden, Pamela startles me by springing up. It is as if a switch has clicked. As she becomes aware of her surroundings, some energy returns to her lagging limbs.

I watch her move somewhat unsteadily about the hotel room. First, she makes the bed, then she cleans her hairbrush. I am momentarily hopeful that we will be able to make it out the door in a few minutes when, in the midst of gathering up my jacket and purse, I stop in my tracks.

Pamela has taken a napkin from the food tray and is wiping it across the top of the coffee table. She strokes the table with the napkin in repetitive motions that reflect some deep, compulsive instinct. It is bizarre behavior, as if her mind has become separated from her body. The calm, persistent circular movement of that napkin, over and over again, in round circles, framed by dust motes reflected in the sun, makes her seem like an alien. Who is this person? Could this be the daughter I gave birth to and raised for 20 years?

Suddenly, the phone rings, as if on cue. It's my husband Mike in New York. "I have good news, Bea. I was able to get Pamela an appointment to see a leading psychiatrist in New York City on Friday and" – he stops in mid-sentence when he realizes I am not responding.

"Mike, Pamela's shaking, doing crazy things, and she is not answering me when I talk. I don't know if she can wait until Friday," I say with

increasing panic in my voice. Then, all the scrambled thoughts running through my mind over the past hour finally burst forth: "I think she's having a nervous breakdown."

"Don't say that," Mike responds angrily. He's in denial, as I would be, if I weren't actually seeing Pamela lose her mind.

Mike's a fixer. Problems are his specialty, not only in the world of gas and shipping in which he works, but also among family, friends and even friends of friends. Most every person we know has gone to him at one time or another for advice or intervention of some kind, and he always comes through.

As much as I know that there is nothing he wants more than to help Pamela, bringing her back to New York is just not an option right now.

"Look, Mike, I'm already late for an appointment with Pamela's psychologist. She's shaking, she can't stand or speak clearly, her mind is unable to focus. Let me at least have him evaluate her, and see what he says. Maybe he can advise us whether to have her treated in Baltimore, or New York."

"Okay, okay," Mike says. "Just promise to call me as soon as you have any news. Be strong."

I hang up the phone and a rich jolt of adrenaline pumps me up enough to get Pamela out of the hotel and into the car. When we arrive at the psychologist's office, she is trembling and shaking like a battery-operated doll with a broken switch.

"There's clearly been a dramatic deterioration from yesterday to today," the doctor says, after I describe her bizarre behavior. He slowly sits Pamela at a table, gives her a pen, and asks her to write her name. She takes the pen from him but cannot make sense of what to do with it.

Her hand is shaking so much the pen makes tapping noises on the table. I'm numb.

Writing is Pamela's hidden talent. It frees her from insecurities and allows her to escape. Her professors in the honors English Literature program at Loyola have frequently commented on the maturity and depth of her college essays. One even called her a future novelist. But now, as I witness her once fertile mind shut down by a pen that cannot write, it occurs to me that I'm losing her.

The doctor reaches over his desk and gently takes hold of Pamela's quivering hand. The tapping stops, and the room falls silent. With his other hand, he dials the hospital, finds a bed on the psych unit, and instructs me to take Pamela directly there. It's March 20, 1998.

Outside, my own hands turn to jelly as I fumble in my purse for quarters to call Mike. Finding a public telephone, I sit Pamela on a bench, and pick up the receiver.

"They're admitting her today," I whisper, my hand covering my mouth.

"Stay calm, Bea, you need to stay calm. I'll cancel the appointment in New York and call Johns Hopkins. I'll be down there in a few hours... hang in."

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My heart pounds and my throat turns dry as I watch my depressed 20-year-old daughter from the tiny window of a heavy steel door in the psychiatric ward. She stares back at me longingly. Through the cloudy glass, I see two nurses take hold of her elbows, prompting her gently to move away. As the weight of her body slowly gives in, she makes one last effort to look back at me. In a split second, her big, brown, sad eyes lock into mine. The powerful connection makes me feel as if she is a little child again, saying, "Mommy, rescue me!"

Only then do I cry.

In a flash, Pamela is 3 years old and has gotten separated from me in the supermarket. After running up and down the aisles, I see an elderly woman leading her back to me. But what is seared in my memory is the petrified look on my little girl's face. It says, "How could you abandon me?" Words like these never came out of Pamela's mouth – her eyes always did the talking.

Then, she is ten, looking out her bedroom window at the neighbor's children playing in the snow. "Why are you just watching? Why don't you go out and join them?" I encourage her. She shrugs and says nothing, but the pained look on her face in the awkward silence, speaks volumes. The simple act of going outside to play with friends, who readily accept her as part of the neighborhood group, overwhelms her.

These odd looks that I remember so well – brief moments of communication between us, signaling unusual fear of abandonment and isolation – are what I know about Pamela that the nurses walking her down the hall behind the big steel door don't.

As her shrinking image fades, the reality sinks in. My poor Pamela has had a complete mental collapse. She's been admitted to the psychiatric ward of a hospital in another state. Can this really be happening? How on earth am I going to explain this to people she knows or people I know, when I don't even understand it myself?

I turn to the elevator and press the up button. It's the wrong direction. I have no sense of where I'm headed, and no control of what will happen next. I have to wait for Mike to talk to the doctors. Maybe he can fix it.

#### PAMELA

March 22, 1998

*This is the second full day I have been on Meyer 4, at John Hopkins University Hospital in Baltimore, Maryland. So far, it's hard to describe the way I feel, everything I do is in slow motion, it seems weird. I walk differently and take a long time to do things. I keep thinking and thinking, it won't stop – so many thoughts are racing through my head. I'm confused, can't remember. I find myself drawn to my bed and cry for no reason at all. I really don't think that any medicine will work for what the doctors are calling a major depression. I don't remember ever feeling "normal" or happy so how will I know when I'm better? It's never going to happen. I think that this is the way I am. Maybe I just have to accept it.*

*I don't know if I belong here on the psychiatric floor, but the doctors seem to think that I do. I am so worried about getting better because then I will have to face the world all over again. I don't want to go outside or read or eat or go back to school, all I do is cry and I have no good reason to, except that my life is worthless and my instincts tell me I will never be happy. I suffer a lot, but I cause still more suffering for others.*

*Why does life have to be so hard? I have so many goals that I will never achieve. I am scared because I don't see my role in the world.*

*I don't know what to do, think or feel. There is such darkness and sad-*

*ness, it's almost possible to see it. John Milton explained it better in "Darkness Illumine."*

*Nothing is worse than this disease, which is supposedly curable. I hate myself, and my brain.*

BEA

The phone rings and wakes me from a deep sleep. I jump up and see it's 9 a.m. For a split second I think I'm back home, but the digital clock reminds me I'm still staying at a hotel in Baltimore, this one on the Wharf, just minutes away from the hospital where my daughter remains under 24 hour watch.

I pick up the receiver worrying that it's more bad news about Pamela, but it's only Mike calling from his office in New York. He had been in Baltimore, but we had decided it would be best if he returned to New York to manage matters from there while also keeping an eye on his work.

"I'm glad you finally heard the phone," he says. He gets frustrated when I take my hearing aids out at night and he can't reach me. We both chuckle before realizing we have nothing to laugh about. "Hang on," I say as I put him on hold to search for my aids. Little does he know, my sleeping late had nothing to do with hearing. The truth is, I was up half the night thinking about Pamela's medications.

Trying to keep up with all of the prescriptions is like studying a foreign language. Pamela entered the hospital on a single anti-depressant, Nortriptyline. Now tranquilizers, a mood stabilizer, anti-psychotic and anti-seizure medications have been added to the mix. Each is having different side-effects, and it's hard to keep track of them all.

I ask the doctors why suddenly her blood pressure and heart rate have dropped and why she's anemic. They tell me they're aware of it, not to worry. But I am a mother, and my daughter's in the hospital, how can I not worry?

I take a deep breath, and listen to what my husband has to say.

"I just got off the phone with Pamela's college advisor," Mike says. "They're giving her two options. She can either take a short leave of

absence for a couple of weeks and make up her schoolwork at the end of the semester or take an incomplete for her courses. What do you think, Bea?"

What can I think? I want my daughter to get better and resume her normal life, but so far that's not happening. Everything depends on when the antidepressants will kick in.

"One doctor assures me Pamela's 'affective mood disorder' – whatever that means – can be under control in as little as two weeks," I say, trying to sound hopeful.

But truthfully, school is becoming less important to me by the moment. All I care about now is Pamela's health.

"Do you think you can hold the school off for another two weeks?" I ask Mike.

"I'll try," he says. "But the lady in the Bursar's Office seems to be only interested in percentage of refunds, escrow towards tuition and course credits."

"You've got to be kidding."

"It's a business, Bea. In the end, she has a boss and it's all about money. They don't care about Pamela the way we do. In fact, I'm very concerned about how her transcripts and insurance records might cause problems down the road when she goes to look for a job."

Ever the practical one, Mike is always thinking ahead. I'm worried about just getting my daughter through today.

"How can we protect her from that?" I ask, not really expecting a solution.

"We won't leave a paper trail with the insurance companies: we'll pay for everything in cash," he says.

PAMELA

*March 26, 1998*

*Today was a better day. I just took my medications (all 7 of them!) and was more talkative and involved with activities and attended a group on anti-depressant medications, which was very informative. I know I am on a long and difficult road to recovery but at least I am on that road.*

*I know I have to talk to my friends and family but don't know what to say. My concentration is beginning to improve but my memory is still very bad. I can't remember characters from my favorite novels or even what those novels are.*

March 27, 1998

*I had an anxiety attack this morning, which was very frightening.*

*All of a sudden, I got very hot and started shaking all over. My parents came and I was very nervous, I am calmer now, but I hope I can cope with talking to Teddy, whom I miss, but it's hard to deal with him at this time. I get irritated very easily.*

March 29, 1998

*I think I am gaining weight, I feel very fat. I still feel like I could be faking this illness. Is it possible?*

March 30, 1998

*I'm having a very hard day, with headaches and so much confusion about my medications. There are too many doctors and I'm afraid to trust them. Will I get better? Please God help me and everyone else here. I love Mom and Dad and Michael and Paula and my friends Teddy and Cathy too. I want to be a happy and different person but I am so miserable. I am in your hands now. Please help me try my hardest to get better.*

BEA

Balancing a plastic bag filled with Pamela's favorite – a chocolate-chip muffin – in it in one hand, and a cup of hot coffee in the other, I step off the elevator and press the buzzer on the steel door that seals off Meyer 4 from the world outside.

A guard inspects my purse and the muffin bag for "sharps." Sharps, I quickly learn, are objects like nail files or pins that patients can use to hurt themselves.

Then the guard points to the muffin bag.

"Sorry Ma'am, plastic bags are not allowed," he says.

"Why?" I ask innocently, not understanding the problem.

"Patients can put them over their heads to commit suicide," he replies.

I shudder as I hand over the plastic bag, frightened that my daughter is exposed to people who would go to such extremes. Thank God she's not like them.

Cradling the muffin in a paper napkin while trying not to spill my coffee, I head down the brightly lit hall to Pamela's room and find her curled up in bed, sleeping. The sheets are crumpled and she's hugging a large stuffed animal.

I settle into a chair. Looking up at her sparse surroundings – a bed, a closet, a bathroom, and a window that faces a parking lot – I wonder how my baby girl wound up in this unlikely place.

The first inkling Mike and I had that something was wrong, was one day during the summer of 1996 after Pamela's freshman year at Loyola. The three of us were sitting outside, on the deck of our high-ranch home in Manhasset, Long Island, when she turned to us and said, "I need to tell you something and I don't want you to be upset."

I looked at Mike, he looked at me. We shifted uneasily in our chairs.

"What is it?" I said.

"Why would we be upset?" asked Mike.

"I think I'm depressed," Pamela said very softly, her eyes avoiding ours.

"What makes you think that?" I asked nervously, having gone through a brief period of depression once myself.

"Nothing makes me happy," she said. "I cry a lot for no reason."

The three of us talked for hours, in somber voices, until the dark drove us in. Together, we tried to identify the possible cause of Pamela's unhappiness. Could it be school? A boyfriend? Being so far from home?

"Are you upset we're moving?" I asked, with trepidation, fearing that our decision to move from Manhasset to New York City in a couple of months could have triggered this.

Mike and I had been discussing making this move for a long time. Our twins, Michael and Paula, Pamela's older siblings by four years, had already moved out on their own, and Mike was tired of his 20-year commute to the city, which took more than two hours out of each day.

Moving to the city would give us a better quality of life, we thought, as we anticipated becoming empty-nesters. In all likelihood, our children would be looking for jobs and apartments in the city, and we would already be there, living close to them.

Of course, a momentous decision like this would never have been made without discussing it with Pamela, since she was still living at home. Although she said the city was a good idea, her being depressed now made me wonder.

As if she could read my mind, Pamela looked straight at me and shook her head sideways. "No, I'm okay with it," she insisted.

I was somewhat relieved, but the heaviness in the air remained.

"How do you feel about seeing a friend of mine who does talk therapy?" I gently suggested. "She's a psychiatric social worker and might be able to help you."

Pamela shrugged, and using a body language we'd all become used to, said "Whatever you think is fine with me."

Her first appointment worked out well and she continued to attend sessions with this therapist twice a week throughout that summer.

Then in August, right before she was to return to campus, my own world was abruptly turned upside down. A routine breast exam revealed a lump that tested positive for Stage II Breast Cancer. It floored me. Cancer – a dirty word that ran through my genes. My mother died of colon cancer and my sister of pancreatic cancer – both when they were 55. I had just turned 50 and thought it was inevitable that I too would fall victim to the family curse in five years.

I was useless, but Mike quickly put all of our moving plans on fast-track as my surgery and treatment were scheduled at New York City hospitals. Decorating and furnishing our new apartment served as diversions from thoughts of surgery, stitches, drains and chemotherapy.

Although I focused on taking aggressive measures to ensure my own survival, in the back of my mind there was a nagging fear that Pamela would sink under the pressure of this sudden turmoil in her life.

To my surprise, she came to me right before leaving for her second year at Loyola and said, "Mom, take care of yourself, don't worry about me. I'm a mature woman, and I'll be fine."

Our roles had reversed. For the first time I could remember, my baby daughter was trying to be strong for me. It was as if my illness had given her courage.

A hundred-pound weight was lifted off my shoulders when Pamela kissed me goodbye and headed back to college smiling. That whole sophomore year, she seemed to fall comfortably back into good routines.

It was a great relief, since that year was tough for me. Following the mastectomy, I not only endured an exhausting six months of chemotherapy but Tram-flap reconstructive surgery that left a gaping hole across my mid-section and a breast as flat as a fried egg. A new plastic surgeon told me I'd need additional surgeries to fix both. But before I scheduled any more operations Mike insisted we take a break and go on vacation.

We were in France when Pamela began to get headaches. She called from Baltimore, where she was taking summer classes and working in the college library.

"Mom," she uttered in a voice I could barely hear over the bad connection.

"Pamela, what's wrong?" I asked, worried. "And speak up. I can't hear you!"

"My head is killing me, I can't take it anymore," she wailed into the phone. She told me she'd been having unrelenting headaches all week.

"Did you try Excedrin?"

"It doesn't help. Nothing does. I can't go to work and I have a paper due, I just can't deal with it." I could feel her throwing herself at my mercy.

"Where's Teddy? Is he with you?" I ask, inquiring about her boyfriend who also had a campus job over the summer.

"He's right here. He told me to call you," she said.

Even with Teddy at her side, she sounded utterly helpless, and being an ocean away, so was I.

My instinct was to fly home, but Mike got on the phone and managed to calm the two of us down by assuring us he would find a better solution. After he hung up, he made some calls and set up an appointment for Pamela to see a neurologist in Baltimore the very next day.

We called her back to tell her about it, and she seemed relieved.

When I returned to the States a few days later, I drove down to Maryland to accompany Pamela to her follow-up appointment with that doctor.

"All her tests are normal," the neurologist said, "but she's suffering from homesickness, and doesn't really know where she belongs: Manhasset, New York or Baltimore." I felt suddenly paralyzed.

Could our move from Manhasset a year ago be blowing up in our faces? Had Mike and I misread Pamela's signals? Had we been too self-ish in moving to the city and putting my own health needs first, especially knowing she was going through a rough patch? I wanted to stop everything, reverse the clock and return to our neat little suburban life.

Before we left the neurologist's office, he gave Pamela a prescription for Nortriptyline, a mild anti-depressant that also relieves headaches. When we later went to the pharmacy to fill it, we made a surprising discovery.

"Look, Mom, 'Pamelor' is the brand name for Nortriptyline," Pamela pointed out. She was a firm believer in paranormal messages.

"It mirrors my name. I think this is a sign!"

I secretly prayed she was right.

Pamela began her junior year on this new medication and the fall semester that followed was uneventful. But shortly after Christmas, Teddy noticed that she had become unusually angry and reclusive. He encouraged her to seek counseling on campus. What followed were weekly therapy sessions at the Loyola counseling center. We thought, between the therapy and the medication, Pamela's problems were under control.

But when she came home for spring break, she clung to me like a toddler. For ten days, while her friends partied on Florida beaches, she stayed in our New York City apartment and watched videos. She isolated herself, not wanting to initiate conversation or make plans. When she did venture out, it was close to my side.

I tried my best to be a source of amusement.

"Let's go shopping," I'd suggest, thinking that a trip to Urban Outfitters would instantly make her feel better. Or, if that didn't work, I'd

scour the newspaper for things to do.

While Pamela seemed momentarily happy on these outings, as soon as we returned home, she'd go into her bedroom and close the door. No matter what I did with her – shopping, movies, cooking, the nail salon – nothing seemed to lift her mood for more than a few hours.

It was the first time I felt uneasy about my daughter's attachment to me. It seemed unnatural. She was relying on me to be a constant companion, to satisfy her social and emotional needs. Something about this didn't seem normal.

By the end of spring break, I was so exhausted that, I must admit, I was somewhat relieved when she returned to school. Little did I know that less than three weeks later Pamela would be a patient at Johns Hopkins University Medical Center.

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"Mrs. Tusiani?"

The voice sounds far away, but it isn't. I open my eyes, and see Pamela's nurse standing a few feet from me. Her colorful scrubs with smiley faces floating all over them seem too cheerful for a psychiatric ward.

"Hello." I smile faintly. "Pamela's having terrible headaches. Do you think you can give her something?"

"Well, I'll have to call her doctor. He has to give an order for anything stronger than Tylenol," Nurse Betty replies matter-of-factly.

This is her routine, I am sure, but it is not mine.

"Who is her doctor, right now?" I ask.

"I'll have to check her chart," she says.

In a teaching hospital residents and interns rotate on and off each unit once a month, and the revolving door of medical personnel is frustrating.

"Look, my daughter is suffering, and she's in pain. All of these different meds are having negative effects on her body. Is there anything more that can be done?"

"I'll call the doctor right after I take her blood pressure," Betty says, walking over to the bed. Pamela opens her eyes and extends her arm outside the blanket.



"Your Mom tells me you're having headaches," the nurse says.

Pamela gives me a quizzical look. I'm beginning to feel set up. I don't want her to think I'm talking about her behind her back. I'm only communicating her needs because she's too drugged up to do it herself.

"Yeah, I was trying to sleep it off," Pamela says rolling her eyes. Betty, of course, catches the awkward moment between mother and child.

"I'll let the doctor know, and we'll see what we can do," she says, and she and all her smiley faces push the blood pressure cart out of the room.

PAMELA

March 31, 1998

*People are doing things behind my back, I know it.*

April 2, 1998

*This is so difficult. I can act happy, but never really feel happy inside. I believe I have chronic depression because I've always been sad and the medicine will not change that. How am I going to go on with my life? How am I going to be the person I have always dreamed I would be if I could? That isn't me!*

*God, please help everyone on Meyer 4 and all the others in the world conquer their depression. I am very scared about the future.*

BEA

I glance at the clock in Pamela's hospital room: 7:00 p.m. Thank God, a shift change will soon occur. We've been watching TV to pass the time, but truthfully, it is just background noise to fill the void in conversation between us.

It never used to be this way. Pamela and I always talked at length without hesitation, like girlfriends staying up all night at a slumber party, sharing secrets and gossip.

But after just over a week at Johns Hopkins, I know that anything I say can only temporarily distract her. So I've decided not to force myself to talk tonight. As we sit together quietly, the door opens, and a

doctor I don't recognize walks in.

"Hello I'm Dr. Martin. I'm on duty tonight." Here we go again, another hotshot resident just a few years older than Pamela offering more ideas to confuse us further.

"How are things today, Pamela?" he asks as he looks over her chart, which is becoming thicker by the hour.

"I don't really feel like I'm ever going to get better," she responds flatly. "Everyone I meet in group talks about relapse, and drugs not working. I'm afraid I'll be stuck in this hospital forever."

"Electro-Convulsive Therapy (ECT) is the quickest way you can find relief," he says matter-of-factly.

The tremors in Pamela's legs double when she hears this. My back arches. I can't believe he is suggesting shock therapy so soon. It seems such an extreme measure for a 20-year-old who has just been diagnosed with depression.

"Isn't ECT used as a treatment of last resort?" I blurt out. "My daughter has only been here ten days, and we're still waiting for the Nortriptyline to work. The other doctors never suggested this."

He backs away from me – the lioness mother protecting her cub. As soon as he leaves the room, I turn to Pamela, and give her a big hug.

"I promise you," I say, "we're going to find the right medication." She buries her head on my shoulder and cries.

PAMELA

April 3, 1998

*Today I sat with the head honcho of Psychiatry, Dr. McKee (or something) and about 40 residents who asked me questions about my depression. They seemed very interested in knowing why I wasn't suicidal. I told them because I felt God put me on this earth for a reason. I felt better talking about my illness with them. They may be able to learn from me.*

*God, I pray for everyone, especially Ben, that he doesn't hurt himself. He told me he killed his friend in a drinking and driving accident and now I know why he's so intent on killing himself. I will never kill myself, but sometimes, almost most times, I wish I were dead because the pain is so strong and I need some relief from this suffering. Everybody should have*

*relief from this kind of anguish. Why do we suffer? I have to find the theology paper I wrote on "God and Suffering."*

*I hope I am a good person. Help me be one please.*

*Last night was my junior prom and I missed it sitting here in a psychiatric ward. I just can't believe it!*

BEA

On my way up to Meyer 4, I bump into the social worker in charge of Pamela's unit.

"Would you mind coming into my office for a few minutes?" she asks.

"Of course," I say, but her tone of voice makes me wary.

I look down the hall to see if Pamela is waiting for me. She isn't, so I scurry into the social worker's tiny office and shut the door behind me.

"Is there a problem?" I ask.

"Mrs. Tusiani, you have been coming here twice a day for over a week and it's important for your daughter's recovery to distance yourself from her," she says coldly. "She needs her own space. The best thing you can do for your daughter right now is to go back to New York."

"Go back to New York? You want me to leave Pamela in a hospital five hours away, when she's not in her right mind?" I ask. How could she make such a suggestion?

"You're impeding Pamela's recovery if you're here all the time. It's counterproductive."

Counterproductive? Isn't this what a mother is supposed to do, stay by her sick child's bedside? The more she talks, the more I can feel my blood boiling. She's got me pegged as a meddling mother, and I'm a hair's breath from knocking her off her lofty chair.

"You wouldn't ask me to leave if Pamela had cancer," I say, the wounds from my own ordeal fresh in my mind.

She remains silent.

"From the time this first started, I promised Pamela I would never abandon her. Did you ever think she might need me to manage her care, to ask questions about medication because she's not able to do it herself? It would torture me to be far from my child while she's having a

nervous breakdown, any mother would feel that way," I say as a parting shot to the perfectly framed family photo on her desk.

"Please think about it, Mrs. Tusiani. It will be best for Pamela."

My head is reeling. My leaving is best for Pamela? Am I preventing her recovery? I walk out of the social worker's office more confused than ever.

I'm angry at the suggestion that I need to leave, and guilty at the same time because I know I need a break, too. The stress of worrying about Pamela and being judged by people like this social worker, who can't possibly know me or my relationship with my daughter, is really getting to me. I'm frightened that, if this goes on much longer, I may wind up in the bed right next to my child.

I find a pay phone and call Mike, thinking he will comfort me. To my great surprise, he agrees with the social worker.

"Bea, I know you want to stay with Pamela," he pleads. "I want to stay with her too, but we agreed I should stay in New York. I'm worried about you, Michael and Paula are worried about you. You've been down there nearly two weeks. You need a break. I don't want you to lose your sanity. I already have a daughter in the hospital, I don't need a wife there too."

But how am I ever going to explain this to Pamela? She will resent me. I know it.

After hanging up the phone, I go and find her in the common dining room where she is finishing a late breakfast. She looks very tired, her shoulders curve inward like an old lady's.

I try engaging her in a game of Scrabble, but she can't get past the three little squares that spell the word "DIE." When should I tell her, I wonder, as we aimlessly move letters across the game board. Do I tell her now?

PAMELA

*April 5, 1998*

*Thank you, God, for bringing Ben back alive and well from his suicide attempt. I love everyone, especially Teddy. I hope we can be in love forever and, of course, get married. I would help him with his schoolwork so he can get into*

*law school which is his dream. He is my true love. I hate to see him hurting because of me. I must write a book about suffering but I don't understand it yet.*

*I hope Mom and Dad aren't offended when I am mean. I have so much anger and feel so bad they have to be hurt by this. It's so hard not to dwell on your disease when you're in a hospital and everyone is always asking how you feel. I want to be cheerful but I can't imagine it. Even though, I know I can get through this and I will! (I'm in good spirits now, but that may change shortly). God please bless everyone on Meyer 4, help us all get better and able to deal with the pain that comes with depression. And bless you, too.*

BEA

I open the door of our eighth floor apartment on the upper east side of Manhattan and drop my bags on the floor. I don't even have my coat off before our golden cocker spaniel races toward me.

"Lulu!" I call out, hugging her and feeling her beautiful, soft fur. Lulu is Pamela's dog. She reminds me of what I left behind.

What I left behind was a daughter in tears.

Mike, Paula and Michael had come down to Baltimore to visit with Pamela before my departure.

"We love you so much Pamela," I said before leaving.

"I will do everything in my power to get you the best medical care I can," Mike assured her. But Pamela walked away from us, and stood next to Teddy, as if to communicate: you are abandoning me, he is not.

I follow Lulu's wagging tail into the kitchen. By the phone I see a list. Mike has recorded the names of people who have called in the past two weeks, expressing concern for Pamela and asking for me. It's two pages long.

I dread facing all the questions from family and friends that so far I've been avoiding. It's human nature for people to be curious about Pamela's breakdown, but it's equally human to want to protect my child from gossip and pity. To avoid what I just don't want to face at the moment, I put the answering machine on and retreat to the comfort of my very own bed.

Two days later, it's midnight when the phone rings. I nudge Mike to wake up because I know it can only be Pamela, or bad news about her, at this hour.

"Mom," she whimpers.

My chest tightens. I silently press the speaker so Mike can hear.

"Calm down, Pamela, tell me what's wrong,"

"I had such a bad day. There's so much I can't do. I'm too scared to go outside to walk around the hospital grounds, I can't concentrate on reading a magazine and I'm afraid my friends won't realize what's affecting me is a chemical imbalance in my brain. I'm so confused."

"Daddy and I will be coming down this weekend," I console her. "If you're not feeling good now, it's important you go to the nurse's station and tell them."

"Okay, Mom. I will."

"Maybe you can get a day pass to leave the hospital on Saturday so we can go to the mall," I say, and add, "Your brother and sister plan to come down too," trying to give her something to look forward to.

We hang up. Pamela might feel better, but I feel worse. I turn to Mike and find him shaking his head.

"I can't take much more of this," I say.

I know Mike has been spending several hours every day consulting and visiting with psychologists and psychiatrists to research the illness and get advice about treatment options, but I'm quickly losing my resolve.

"Remember what Dr. Edwin said," he says, "'Turn off the volume and watch the video'. It's not what Pamela says, but what she does that indicates she's on the road to recovery."

"But I can't see her, so how can I tell?"

"We have to look at the big picture," Mike says. "Two weeks ago, she couldn't take a shower or hold a pen, now she's styling her hair and writing in her journal. She is making progress."

"That might sound like progress to you, but she was supposed to be in the hospital a few days, and it's already two weeks and there's no end in sight. This could go on forever."

"Let me talk to the doctors next weekend and we'll reevaluate where we stand," he says. "If they tell us this will take longer than they originally anticipated, we may just have to bring her back home to New York."

PAMELA

*April 12, 1998*

*Support group was very interesting tonight. There is a new patient who is a psychiatrist! I couldn't believe it, but I suppose anyone can get depressed. I cried while one woman, Jane, told us how she has really tried everything and nothing has helped her. Everyone with this disease is suffering a great deal. I am trying to make it out, but need strength and courage. I really want to be well, to get excited, to love myself, to love living, to want to go outside and enjoy life. These are my hopes and wishes but I can't stop cursing myself. I can't stop criticizing myself. I can't stop thinking about how I wound up in such a deep, dark hole.*

BEA

Pamela and I are smiling, as we walk down the halls of Meyer 4, trying to conceal our overstuffed shopping bags from the patients who weren't lucky enough to go out on a pass.

It's been good for both of us to escape the hospital setting and do something so frivolous and familiar. If there's anything Pamela and I share genetically, it's our love of shopping. Unlike my older daughter, Pamela is a fashion maven, who has a keen sense of what is trendy.

While she heads to her room to savor her stash, a nurse whisks me aside to fill out some paperwork.

"Mrs. Tusiani, can you give me an idea of how much you think Pamela has improved since she first came here?" she asks with a clipboard in hand. "Would you say 25%, 50%, or 75%?"

Thinking of Dr. Edwin's advice, I tell her what I have observed when I shut off the volume and watched the video.

"Well, I noticed today that Pamela's activity level has greatly improved. She finished an entire burger at Chilis. She gassed up the car at the self-service station and paid for it with a credit card, all by herself, and I thought that was a big accomplishment. Plus, I'm thrilled that her legs have stopped shaking." I think for a moment. "I would give her a 75% on activity and 30% for mood, since she still seems down."

"Thank you, Mrs. Tusiani. It sounds like you had a good day."

I tell Pamela that I am going to the hotel to meet her father, and we'll be back after dinner.

When we come in, she doesn't even say hello.

"Why did you tell them I'm getting better?" she says accusingly to me. "I'm not better and you should not be telling anyone I am."

I'm taken aback. I've rarely seen Pamela so angry at me.

"When the nurse asked me about our day, I thought it was a good one. You seemed to have fun shopping, and that's what I told her."

"Well, you don't know what's in my head. Just because I went shopping, I am not better!" She suddenly turns to her father, and lets off more steam.

"All these doctors don't know what they're doing," Pamela tells him. "Dad, please do not call them anymore, it's a wasted effort. They're not making any difference, and I'm not getting any better."

"Pamela, I know it's frustrating," Mike responds. "What do you want me to do?"

"All I want is relief, Dad. How can I get that?"

"If I could move mountains for you, Pamela, you know I would," Mike says, just as frustrated.

Heading back to New York, our heads are spinning. After two and a half weeks, we've hit a brick wall.

"One thing Pamela has always had is good instincts," Mike observes. "I'm on the phone with her doctors every day, and no one seems to have a handle on exactly what her diagnosis is. Maybe she's right."

I agree. We look at each other and sense that the time has come for us to step in and determine when Pamela can be released.

She is not feeling hopeful about her recovery, and the longer she stays in the hospital, the more she's being brought down by other people, many of whom are treatment-resistant and relapsing. Pamela knows depression is more difficult to treat the longer it lasts, and she's beginning to lose confidence. Plus, the pressure on us, running back and forth every weekend, trying to communicate with a myriad of medical professionals between New York and Baltimore, is starting to take a toll on the whole family.

The next morning, the first thing Mike does is phone Pamela from

his office and patch me into the conference call.

"Mom and I thought about what you said yesterday. Maybe the best way for you to get relief is to come home. How do you feel about continuing your treatment in New York where you could be closer to us and we could be closer to your doctors?"

She takes a few seconds to think about it.

"Dad, I'd rather be in New York with you than stuck here where nothing is happening," she says.

"You know that means you'll have to leave Teddy, and all your friends at Loyola. Are you prepared to do that?" he asks.

This question takes longer for her to answer.

"I don't want to leave Teddy or my school or my friends." She starts to cry. "But what choice do I have?"

Mike tells her "Don't worry I'll take care of getting you discharged and finding a doctor in New York. Mom will come down and pick you up."

We wonder if we're doing the right thing, but feel a certain degree of confidence because Johns Hopkins highly recommended Dr. Parker, who trained at Johns Hopkins, for Pamela's continued treatment on an outpatient basis in New York.

I remain in the background while Pamela says her goodbyes to the hospital staff and patients. Many hugs, kisses and tears later, she finally separates from the psychiatric ward that exists behind the locked door of Meyer 4.

I call Mike from a payphone in the lobby, to let him know we're on our way. He says, "Bea, I have bad news about Pamela's new psychiatrist in the city. Her office called and said she had an unexpected trip and will be away for a week. Pamela won't be able to see her until after then. I can't believe Johns Hopkins didn't do a better job of coordinating this," he says, sounding annoyed.

"Oh, God, Mike. How are we going to take care of her all by ourselves? It's impossible."

In an instant, I go from being happy about Pamela's release, to being completely terrified.

My head is pounding. I'm thinking about the eight different medi-

cations my daughter has to take. How am I ever going to keep them straight?

I don't know how Pamela will be able to get through the next week without therapy, without groups, without someone checking her blood-pressure and Nortriptyline levels. Did we do the right thing releasing her from the hospital into our care?

Hanging up with Mike, I put a brave face on, turn toward Pamela and hustle her into the car for what feels like the longest ride of my life.