A Promise

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2019

I gazed at the audience in front of me, scanning the room to take a quick mental count of the number of familiar faces. My best friend of over 30 years had shown up along with several social work colleagues, my roommate, and old and newer friends from various walks of life. The past decade of writing, editing, recruiting contributors, and shopping around a proposal had culminated in this: a long-anticipated launch event at my local LGBTQ community center for the queer and trans mental health anthology that got published at last. It was a labor of love with my collaborator, and would not end up being a commercial success by any means—but that it would indeed see the light of day on bookstore shelves made it entirely worth all the effort we’d made. We actualized our dream of getting our and others’ stories of lived experience out into the world!

It was hard to believe I’d finally gotten here, to what would end up being the best night of my life so far. This time, my tears were ones of sheer elation.

2017

“I can’t go on like this,” I wailed to my mother on a chilly December afternoon. Usually it brought me comfort to visit her, but in that moment, every cell in my body felt like it was in unprecedented distress, a state of discomfort it felt simply impossible to tolerate much longer. “I can’t.”
Mom looked stricken. “Don’t say that.”

I hadn’t meant that I was planning harm to myself, only that I needed to find something that would actually help me. But I knew I appeared frightfully despondent at that moment.

For several days now I had done little besides play card games with Mom and sleep long hours in her guest room. I’d started spiraling a few months previously and found that as the holidays approached, I kept getting worse instead of better. Nothing helped: not meeting with my therapist—who was also a psychiatrist—twice a week, not taking the new meds he had prescribed for me when my previous regimen stopped working, not reaching out to close friends who understood I was decompensating, and definitely not trying to distract myself at my job as a social worker with LGBTQ older adults. That work had brought such meaning, even joy, to me in the past. But now the stress of trying to make myself appear “normal” while in the depths of a depressive episode felt unbearable. Realizing that the pressure was just making my situation worse, I put in for a leave of absence under FMLA and simultaneously applied for short-term disability. I had since spent most of my time alone in bed.

By then I hardly recognized the dull-eyed, wretched-looking woman I saw when I looked in the mirror. I was rapidly and unintentionally shedding weight because my appetite had disappeared. My brain seemed to have slowed down so that forming words was becoming more difficult; when I did speak, I usually ended up bursting into tears. I’d fled to my mom’s quiet home in hopes of finding comfort amid the familiar surroundings and my immediate relatives. But outside of the time we spent playing endless, mindless card games, I wasn’t able to engage with her or anyone else. Watching television, especially with Christmas approaching and every commercial featuring smiling middle-class people buying fancy gifts for each other, made me feel all the more alienated from the ordinary world.
I knew I was scaring Mom, and I didn’t know how to stop.

This was hardly my first time at the proverbial rodeo: over the years, I had taken three previous medical leave from my various jobs due to depressive episodes. But this one, which began shortly before I turned 42, was by far the worst and longest. I knew I needed more intensive treatment, so from Mom’s house I called a few partial hospitalization programs in my area to see if I could get admitted to one. All were either waitlisted or didn’t accept my insurance.

I returned to my Brooklyn apartment feeling hopeless, and I was bawling in my therapist’s office when he said the thing I’d been both dreading and hoping to hear: “I think it’s time for you to go to the hospital.” I nodded my assent miserably, and when he called the next day to let me know he’d ensured a bed would be available for me at a particularly reputable one, I packed a bag and took the subway alone for an hour and a half. “I’ve hit rock bottom,” I thought to myself as I entered the ER.

The staff had me remove all of my jewelry and clothing and change into baggy hospital pajamas. I could barely speak because I was sobbing so hard, feeling like this was the ultimate failure. But when they asked me whether I was suicidal, I managed to blurt out, “I’m not going to kill myself, but I can’t stop thinking about dying.”

*I can’t go on like this.*

I was admitted almost immediately. What I hadn’t been able to verbalize to my mother, and what I’d really meant when I answered the staff’s questions, was that while I didn’t want to be alive, I knew I couldn’t leave my loved ones behind. I recalled the promise I’d made to Mom when I first began to show signs of depression as a teenager. She had tears in her eyes as she
asked me to swear to her that I would never kill myself. Her voice cracked: "I couldn't go on if that happened." You don't forget something like that.

I don’t think that suicide prevention hinges on not wanting to hurt your loved ones. But being loved and cared for, knowing that someone will do her very best not to let you slip through the cracks, that you see that by taking your life you’d take hers as well: those are protective factors. And Mom has always been fiercely and unconditionally protective of me, always deeply nurturing. She has embraced me for who I am with all my quirks and all of my struggles. I was not merely tolerated by my mother when I came out–I continued to be accepted and even celebrated for exactly who I am, my partners welcomed with open arms.

_ I will never take my life._

I pondered that vow during my time in inpatient. My partner Julian had died by suicide seven years prior, and though I didn’t realize this until adulthood, I have a family history of suicide. Bipolar disorder and depression are in my genes. My father’s great-uncle died by suicide, and my own uncle took his life less than a year after Julian had. I didn’t know the former uncle and was not close with the latter. It was losing Julian that drove the promise home; the anguish of losing him, of being left behind, remained fresh in my mind.

All I wanted to do was go home, but I reminded myself over and over that I wouldn’t get better there, so I stayed at the hospital voluntarily despite the lack of fresh air, the absence of other queer people, and the restrictions that prevented me from being able to lock the shared bathroom door or use dental floss unsupervised. After two weeks I stepped down to one of the partial hospitalization programs to which I’d attempted to admit myself, then to an intensive outpatient program, and finally back to regular weekly therapy sessions. But I doubted that I’d be
able to pick up where I’d left off. Going back to work and resuming a social life seemed like things of which I was no longer capable.

2010

“We’ll figure something out,” I said to Julian, a note of pleading creeping into my voice. It was an unseasonably warm October night, and I had no idea that it would end up being his last.

“Come on, baby, it will be okay.”

He shook his head and closed his eyes, tears running down his face. I knew he did not believe me. I wasn’t sure I believed myself. But I had to try.

We had been in a tumultuous relationship for just over a year, my partner and I, and the longer we stayed together the more I worried what would become of him. Shortly after we began dating in 2009, I found a suicide note he’d drafted years before. When I asked him about it, Julian told me I didn’t need to worry, that his days of thinking of ending his life were over. But he was struggling, and he did not want to work with a therapist. He drank every day to manage his chronic pain. His MS diagnosis and worsening prognosis meant that he had to go on permanent disability in his mid-30s, and he was in the process of declaring bankruptcy. Hiding his identity from several family members, he'd told me more than once that he didn’t believe that he could be truly loved and accepted as the trans man he was.

And although I did truly love and accept him, he didn’t feel he could make it any longer. He took his life at my Brooklyn apartment late that fall night. It seemed unfathomable, all of it: How hard my entire body shook after witnessing his self-induced fatality. Being treated as a suspect by the cops when they arrived at my home. Breaking the news to everyone in our lives.
Organizing a memorial with his best friend and meeting his relatives who had come in from the West Coast to scatter his ashes. Even all these years later, it still feels vaguely like something out of a movie, or a tragedy I would hear about as having happened to someone else. I didn’t know how I would pick myself back up after a trauma like this.

I took a couple of months off from work, cried day and night to anyone who would listen, and stayed with friends and family as often as I could. Being home alone scared me. The lack of his presence loomed, and I feared that the hollowness that had taken over my body would never subside. I spent a week in San Francisco with Julian’s sister and her family so that I could sense some nearness and connection. I slept constantly and let myself cry whenever I needed to.

Not surprisingly, it took a great deal of time before I began to sense any forward momentum in my healing process. I sought out suicide survivor support groups, which were the most helpful of anything I’d tried and cemented my belief that there is no support like peer support. My community rallied to ensure I would be cared for in terms of my concrete needs as well as companionship. It would not be the first time that I felt they helped me save my own life.

2022

“How did you recover? What helped the most?” people sometimes ask me when I share my stories of both debilitating depression and of losing Julian. And the only answer I can come up with is “Love”—an oversimplification, perhaps, but also a truth. With enough love and support from my community, both times I slowly began to experience the hope and vibrancy my life had once entailed. I’ve been able to access affirmative, affordable mental health care, though it was not always the kind of therapy I needed. I’m grateful, though I don’t think that therapy and
medication alone would have been enough. I need the support and interdependence of community, something I have worked hard to build in my life. When people talk about resilience, they often frame it in terms of personal strengths. My take is that community resilience—how communities can enhance the wellbeing of individuals, especially marginalized ones—forms personal resilience. It’s what saved me.

The direction my life took surprised me and induced deep gratitude. Almost exactly a year after being discharged from inpatient, having been in remission for several months and no longer fearing that I would need to go onto permanent disability, I took and passed my state’s clinical social work licensing exam. That same year, my book was published and I moved into a new position at a different organization. I have been overseeing geriatric outpatient mental health programming at a small nonprofit for a few years now, and recently began my doctoral studies in social work. Throughout this time, I have been out as a queer person with lived experience, writing and talking about what it means to hold a dual identity as a peer and a member of the LGBTQ+ community as well as being a mental health care provider myself. I tell my stories over and over again. I am staying connected with other peers, and I continue in my own therapy.

I have kept my promise. I will keep on keeping it.