

Anne Christman

Navigating Sisterhood as the “Well” Sibling

My sister and I have ocean blue eyes. I’ve always thought that Kate’s are deeper, clearer, her lashes longer, more entangling. In the midst of meds and psychiatrists and bland hospital rooms, they became shallower: the water murky, the lashes meek.

When I was 9 and my sister was 11, she embarked on a five-day field trip. This was my first experience spending a prolonged period of time without Kate. Despite the strife of having an older sister, and strife there was, I missed her when she wasn’t at home, or maybe I missed wishing that she wasn’t at home. Either way, I didn’t like being the center of attention, and the house felt empty without her pitter-patter.

Two and a half years after she went to sleepaway camp, Kate was hospitalized due to a mental health crisis. Throughout her hospitalization, I’d tag along with my parents to see her during visiting hours. She was a shadow of the sister I had grown up with—her shapeless, pocketless, hospital-approved apparel mirrored her apathy. I had watched intently as she toggled between retreating inward and lashing out in the months before her hospitalization, so the state of numbness I now saw her in brought me a profound sense of unease.

Weeks passed, and I drifted away from Kate as medical professionals closed around her. I thought all of the things you aren’t supposed to think about a person experiencing mental illness: “Can’t she just snap out of it?” and “This isn’t real.” I held onto these cruel misunderstandings as though they were flotation devices.

Kate has subsequently been diagnosed with Anxiety Disorder, Schizoaffective Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and, for the past few years, she has remained mostly stable while living in a house with around-the-clock mental health care providers. In an endearing, non-Frankenstein way, my parents call her a “walking science experiment.” It’s taken years to collect diagnoses that help us better understand and treat disturbances she faces, and, along the way, she’s stumped a variety of doctors.

Over a decade has passed since I was unwittingly dubbed the “well sibling” in medical jargon. I recently graduated from college and moved back to my parents’ house, which means I can see Kate frequently. Due to COVID-19 precautions, my parents and I must stay on the deck during visits to her home—face masks, the esteemed six-foot-bubble, and a screen door separate us.

I’ve been blaming my sense of disconnect from my sister on the physical barriers between us. If only I could rip off my mask, then my words would flow more easily. If only I could stride across the deck, then I could pull her out of the deep blue unknown. If only I could throw open the screen door, then she would have access to the myriad experiences of which her mental health conditions have robbed her. Instead, we are distanced by neurological and psychological factors that have nothing to do with a pandemic.

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Although I have terms to describe the chemical imbalances occurring in her brain, I still feel lost when trying to convey what Kate “has.” She has several diagnoses, but she also has those blue eyes. She has a kind heart and a contagious giggle. She has a soft spot for dogs, horses, and babies, all of which have a soft spot for her, too. She has a love of books, movies, music, and spending time with the elderly. She has a personhood.

As much as doctors can diagnose her, labels do little to help me explain who my sister was and who she is now. As much as medications can help stabilize her, they do little to amend the fact that she has to live with daily challenges far greater than many face over a lifetime. Underneath diagnoses and medications, Kate is still just my blue-eyed big sister.