Among Silent Echoes

A Memoir of Trauma and Resilience

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Author's Note

To write this book, I obtained newspaper articles, public records and documents through the Freedom of Information and Protection of Privacy Act. I also referred to personal journals and letters and consulted with several people who appear in the book. In some cases, to preserve anonymity, I changed names and places.

Preface

There is an alarming lack of awareness surrounding mental health disorders. When my mother tragically lost her life in 1990, I didn't understand what had happened. I didn't know she was profoundly ill. It took me years to piece together the puzzle of her illness. While I was growing up in the seventies and eighties, all I heard about her formal diagnosis of paranoid schizophrenia were snippets of conversation I didn't have the knowledge to process. Any questions I had back then were either ignored or unanswered. Unfortunately silence around mental illness is common. Stigma follows mental illness like a black cloud, preventing people from talking about their symptoms and seeking help. If they are able to access help and recover, people often don't talk about their diagnosis, which prevents others from knowing how to help them if they relapse. It wasn't until I was about to become a mother myself that I gradually learned about my mother's diagnosis, first through the BC Schizophrenia Society (BCSS), then through her medical documents. I believe others will benefit from what I have learned.

Like other organs in the body, the brain can become ill. Mental illnesses are common and treatable medical disorders caused by a complex interplay of genetic, biological, personality and environmental factors. They usually emerge between the ages of fifteen and twenty-four, but they affect people of all ages and do not differentiate by economic status or culture.

People with schizophrenia are highly vulnerable. Cognitive deficits such as limited attention, memory loss, problem-solving difficulties and poor coping skills are prevalent and can limit a person's quality of life, which can lead to depression, a risk factor for suicide. People with schizophrenia experience a higher risk for suicide than with any other illness.

Cognitive deficits can affect a person's access to quality employment. Unable to earn a livable wage, the person may struggle to survive,

causing anxiety levels to rise, which can trigger a relapse. Since psychiatric care has largely moved from hospital-based to community-based care, greatly reducing the number of beds, patients are often released before they are stabilized. Many are caught in a revolving-door pattern of care. With each successive relapse, the brain takes longer to heal. Some individuals may never recover and become homeless wanderers of the streets.

Owing to a lack of supportive and affordable housing, some individuals live with a family member who often becomes their primary caregiver. If there happens to be lack of awareness, as there often is with mental illness, blame and shame can lie beneath the surface and tensions can rise, further contributing to the risk of a relapse.

Those who experience psychotic symptoms such as hallucinations (hearing voices) or paranoia may either become victims of scorn or not be taken seriously even while in recovery. This can lead to feelings of guilt and shame, which can trigger people to go off their antipsychotic medication or even attempt suicide. Others may turn to marijuana, which can exacerbate symptoms, or to street drugs, which can cause a concurrent disorder of addiction.

Though hallucinations and delusions are not real, they appear real to the person experiencing them and can be frightening. Voices may tell individuals to hurt themselves or make them believe others are going to hurt them. When people become this acutely ill, psychiatric hospital care is essential and can be complicated because they may not recognize they are ill (a condition called anosognosia) and may resist help. A person in psychosis is often scared and may become aggressive. To ensure safety and preserve as much dignity as possible, a first responder with mental health training, equipped with the skills to calmly de-escalate a situation, is optimal. Sadly this is often not the case and tragedy can ensue. At times, psychotic illness is even criminalized.

There is hope. With a combination of counselling, education, medication, housing and hospital- and community-based care, long-term recovery is possible. Non-profit organizations like the BCSS advocate for those who experience serious mental illness, offering educational programs for all ages that increase awareness and encourage people to talk about their experiences so they know they are not alone.

I have talked to my daughters about mental illness. They are keenly aware of the genetic factors contributing to their risk of developing the same biological disorder as my mother. They know that heavy drinking could cause the loss of precious brain cells they need for optimal functioning and have learned that marijuana and other street drugs could trigger psychosis and exacerbate symptoms.

Another positive is BC's formation of the Ministry of Mental Health and Addictions, a first in Canada. BC's *A Pathway to Hope* plan describes "a powerful determination to make positive, lasting changes, so that BC's system of mental health and addictions care works for everyone—no matter who they are, where they live, or how much money they make."[1] I only hope my story will help facilitate these changes by breaking silences and increasing compassion for those affected by serious mental illness.

1 Province of British Columbia, *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia*, 3, https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf.

Introduction

April 2015

I rarely talk about my parents. I was estranged from my father when I was very young, so I don't have much to say about him. My mother died the summer of 1990 when I was in college, and the burden of her death is so shameful that I don't know *what* to say about her. If anyone asks, I'm always careful not to reveal too much about her, determined to keep my secret.

I did the same when my younger daughter rattled me with her questions one evening. It was her bedtime and I had just closed her curtains to shade the room from the light of the long spring days. My husband was tinkering in his workshop as he often does in the evenings, and my older daughter was reading in the living room. As I sat beside my daughter while she lay under her comforter, I gazed into her golden-green eyes, admiring her strawberry hair splayed across her pillow and the splash of freckles across her nose.

"Mummy?" she asked.

"Yes, love?"

"How old was your mom when she died?"

What? Where did this come from? "She was forty-five," I answered, keeping emotion out of my voice, not giving anything away. She was silent for a few moments and looked deep in thought.

"How old were you?"

"I was twenty." *Only ten years older than you are now.*

"That's really sad, Mum."

"Yes, I know. It's very sad, but it was a long time ago. My mother was sick, but I'm healthy. I'm fine," I said, assuring her in case she was making the connection that I was now forty-five myself. "Come now, you have school tomorrow," I said, changing the subject as I often did at the mention of my mother. After singing our special bedtime song, I hugged her tightly, bid her good night and then walked to my room

to sit down. Her questions had thrown me off-kilter and I needed to collect myself. I've never told my daughters the details surrounding my mother's death. That wouldn't be appropriate. I had told them that my mother died of "complications" due to schizophrenia. Now, my daughter's curiosity made me wonder if one day she would want to know how her grandmother had *really* died and how I would reveal the secret burden I have carried all these years.

WOMAN KILLED

Plain-Clothes RCMP Fires Two Shots
New Westminster Now, vol. 2, no. 29, July 29, 1990

The police officer who shot and killed a New Westminster woman at a downtown SkyTrain station is a member of the Vancouver RCMP who was working on cleaning up the downtown area at the time of the shooting.

The unidentified plain-clothes officer is a member of a special joint-forces squad of the New Westminster police department and the RCMP, according to a NWPD police spokesperson.

During recent weeks police had been cracking down on illegal activities in the downtown area. …

The shooting occurred at 8 p.m. on Tuesday night when quite a few late commuters were in the station. According to police the NWPD received several calls about a woman shouting and threatening passersby with a large knife on the concourse level of the 8th St. SkyTrain station. Some witnesses later said the knife looked like a butcher's variety.

According to the police, the RCMP officer was the first to arrive at the scene. He then identified himself as a police officer and removed his service revolver from its holster. The officer then ordered the woman to drop the knife. According [to] the police the woman ignored the officer's orders and continued to approach him with the knife. Police say she was running towards the officer.

As the police officer backed away from the woman he stumbled and fell to the ground on his back. The woman then allegedly continued to approach the officer until she reached his feet and then she pointed the knife at him.

When the woman stood over the officer with the knife raised, the officer, fearing for his life, fired two

rounds from his service revolver, police said. A witness at the scene said it looked like she had been shot in the stomach and chest.

Carolyn Anne … , 45, died shortly after being rushed to Royal Columbian Hospital. The police officer did not receive any injuries. …