

In a Quiet Room

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In April 1997, when my brother's life fell apart for the third time, visitors entered Royal Columbian's Psychiatric Emergency Department through a thick teal door to the left of the main entrance. There was a makeshift waiting room before the teal door, which had four black vinyl chairs and a pine coffee table on which lay a stack of three-year-old *Maclean's* and *Sports Illustrated* magazines. A stencilled sign above the door, which was always closed, read, *Psychiatric Emergency* in black letters and there were no instructions what to do—wait or knock or phone—no one to receive you as there was for physical injuries at the Emergency Department twenty feet across the hall. Noise poured from Emergency: the chatter of nurses and doctors, the thump and squeak of shoes, the low hum of gurney wheels on the floor; there were cries and groans and, from the reception desk, how-may-I-help-you's. Not a sound came from behind the thick teal door of the Psychiatric Emergency Department.

This was my first of too many visits here and I didn't know the door was locked. I tugged on the door handle, and when it didn't give I threw a bewildered look at the Emergency Department,

where patients and nurses went in and out without care. The receptionist in Emergency told me that I had to knock—“Knock loud or they won’t hear ya!” I rapped on the heavy door. I waited for a count of twenty and then rapped again.

The door opened four or five inches on a thick-chested man in a short-sleeved white shirt and a black tie, a weary-looking security guard from the Paladin Security Company.

“I’m here to see my brother,” I said.

He closed the door to confirm my story with a nurse. Two minutes passed, then three, then ten. I began to wonder if I should sit down again or knock a third time or just go the hell home. Finally, he let me in. The door swung shut behind me. The latch clicked as it locked. I might have called the silence in that room calm or meditative, if I didn’t know that it had been achieved with powerful drugs, the heavy tranquilizers the pharmaceutical industry rebranded as antipsychotics. There was a high, teal-veneer desk where a nurse wrote on a clipboard and, to the right, a row of three closed doors at intervals of fifteen feet. Each door was baby-pink and as thick as the one I had come through and each one had a small central window, about the size of a hardcover novel, which was hinged so that it could be opened from the outside.

I gave the RN my name and told him that I was here to see my brother who had been sent here by Dr. M, his psychiatrist at Tri-Cities Mental Health.

“You don’t want to see your brother right now,” the nurse said. “Come back tomorrow.”

“My brother should see someone he knows,” I insisted. Or used to know or pretended to know because by then the lives of J and I had irrevocably divided. I went to university and graduated and he went to university but didn’t graduate because his panic attacks grew too severe and so began his slow spiral into places I didn’t want to go.

I wanted, however, to comfort him. He had a live-in girlfriend, at least for a few months longer, but few friends and even fewer

old friends once they met his schizophrenia in person. And he'd arrived at Royal Columbian earlier in the afternoon not in the back of an ambulance, as he thought Dr. M meant when she said he could be escorted to the hospital for a second opinion, but in the back of a police car with three RCMP officers. When he arrived, six security guards made him surrender his clothes and possessions and escorted him into one of the three "seclusion rooms," as the hospital staff called these cells.

J must have seen or heard me because he edged toward the little window in the door. The security guard gave me a weary look, as if he knew how this was going to end, and loomed just out of J's sight.

"Five minutes," the RN said to me. He didn't open the door to my brother's cell. J and I had to talk through the Plexiglas window set in the door.

My brother's beautiful face, the same beautiful face for which girls once followed him home from his lifeguard job at the swimming pool, was pale and gaunt, a flimsy thing discarded and picked up again and again no matter how ill it began to fit. His eyes blazed like little searchlights I wanted to turn away from.

"I don't know why I'm here," J said.

"I don't know either," I replied. I forced myself not to cry. "I'll talk to Dr. M first thing tomorrow."

My brother nodded and shuffled away from the window. He wore only a loose-fitting light blue hospital gown that was open at the back and would've better fit a man two sizes smaller. I could see the shallow furrow of his spine down to his buttocks. He shrank into the far corner, my six-foot-four brother, shrank to his haunches and wrapped a second gown around his eyes and wept.



The next morning at the Tri-Cities Mental Health Centre, I couldn't see Dr. M or J's regular psychiatric nurse. I spoke to a second nurse, Jack, who told me that Dr. M certified J as delusional

with no insight into his condition and a danger to himself and society. I said that I didn't understand why J, who had never been violent despite his outbursts, had to be locked in a cell.

"There is no other procedure," Jack said, "to treat cases like your brother. Everyone in his condition goes to the seclusion room. It's pathetic and inhumane and you should write the Hospital Board about it."

J's "seclusion room" at Royal Columbian was twelve feet by twelve feet between four baby pink walls and the only furnishings were a single mattress on the floor, an "anti-suicide" toilet bolted to the opposite wall, and a red panic button near the door. My brother told me later that he thought of the room as a puzzle he had to solve to escape. If he could line up the bank of fluorescent lights, the red button, and the toilet, and when all the pieces fit just right, the door would pop open and he could escape. But the nurses and the doctors always interrupted his attempts to solve the room, he said, with pills or food or "stupid ass" questions. The shrinks, he said, came around at 6:00 AM before they drove their Mercedes to their suburban practices.

When I returned to the Psychiatric Emergency that afternoon, the nurses had left my brother's cell door open—an order from his psychiatrist, who came and went like a phantom. J lay cocooned in two layers of hospital sheets. The fluorescent lights hummed. The room smelled of a powerful, sweet disinfectant. I edged over the threshold and waited for the cell door to slam shut behind me as if I'd walked into a giant Venus flytrap.

I knelt beside J's immobile form and struggled against my reserved nature to reach out for his hand. He looked placid, better than the previous day, a man saved from a hurricane, battered but not drowned. The drugs had worked; I thought they had worked. I believed in the system, I believed in a straight, unswerving path to mental health.



Three days after my brother's admission, I stood with him and his girlfriend, Angela, in the hazy sunshine as he smoked outside the main entrance. The psychiatrists had prescribed him loxapine, an antipsychotic to treat his delusions, sleeplessness, incoherent speech, and excessive aggression. The staff moved him out of his seclusion room and gave him a bed in the Emergency Department. More privileges followed, such as smoking outside and wearing street clothes, as patients, theoretically, grew well.

My brother told me that one of the volunteers, a man who showed him how to play Chinese Poker, worked for a firm that researched methane fuel cells. J said as far as technology was concerned humanity should slow down. I asked what he meant. He said that we shouldn't regard this as psychotic, but if aliens were watching the Earth they might be getting upset.

"I'm not saying that there are aliens," he added, "but if you saw a country progressing faster than you, wouldn't you get pissed off?"

He grew frustrated with my questions and said it was just an analogy and wanted to go back inside. He lay back down on his narrow bed and swore at us and mocked Angela. I confided to a nurse that J was still saying bizarre things and acting aggressively toward his girlfriend. She said that the doctor had noted this and would be seeing him at 2:00 PM. I told Angela what I'd said and she agreed with me. I left for home thinking my brother was in good hands.

I phoned Psychiatric Emergency several times and several times I waited on hold for what seemed like hours and, finally, at 6:00 PM, I learned that J had been discharged by a different psychiatrist, Dr. O, a man I'd never met and who had never tried to contact me about J's state of mind. He had diagnosed J with "marijuana psychosis," which was a new addition to the growing laundry list of disorders my brother had been labelled with: bipolar, schizophrenia, schizoaffective, still more I couldn't recall.

I phoned J at his home. I said I was worried for him. He said that he could prove everyone was crazy anyway, so what did his mind

matter to me? I said that he was still having bizarre thoughts and wasn't well.

"Like how?" he snapped.

I mentioned his concern that some unknown "they" could clone our dead father from his teeth. I mentioned the scene on Sunday, when he squatted on the ground outside the hospital and picked through bits of debris and put a bit of foil and a tiny chunk of glass in his pocket.

"I was looking for a weapon," J said.

"You told me to worship pagan gods," I replied.

"They're better than the Christian one. Besides, who's crazy? Me or the brother who brought me a Fred Saberhagen novel to read in the mental ward?"

I called Dr. O's office repeatedly. I left dozens of messages. He never phoned me back. I gave up too easily. I prayed my brother was taking his medication. He wasn't. He came by my apartment two days later to return one of my books. He didn't trust the psychiatrists, he said, and blew off the three medications they had prescribed him. He said I should be wary of leaving genetic traces lying around, because "they" could get them. I didn't know what to do. Everyone in this crazy cycle thought they knew what to do: my brother, the psychiatrists, the pharmaceutical companies, me in my moments of certainty after I read this or that book on the brain or schizophrenia or psychotherapy. Our vanities, our seductive vanities, went undiagnosed and untreated as the circus wheel went around and around.



Three days later at ten in the morning, I knocked on the door of my brother's basement suite to help he and Angela move. J, Angela said, had stormed off to the gas station in his bathrobe to fill a jerry can for his Toyota MR2, and when he returned, he roared off without telling her where he was going. He'd raged and stormed before I'd arrived and upturned their bedroom and the packing boxes full of the things we were supposed to move to their new place in Port

Coquitlam. We talked about what to do: wait for him to come back or phone the police or . . . ? I didn't want to phone the police again, I didn't want my brother dragged back into a cell. Angela went to pick up my youngest brother, S, because we didn't have enough help now that J had left. My wife told me on the phone to call the police. I wandered around their apartment struggling to find a phone book in the carnage, so I could call the RCMP's non-emergency number, take a half-measure I wouldn't feel as terrible about. I phoned my wife for the non-emergency number. She told me to call 911.

I explained J's condition to the 911 operator, my worries for him, my worries about the system, the cells in the Psychiatric Emergency, the debilitating antipsychotics, the hospital psychiatrist who had swooped in like a bungling, absentee father to fix everything. "Everything is going to work out," the operator reassured me. "Try not to overthink it."

I wandered around J and Angela's apartment again. I didn't know what to do, so I began to load their things into the truck. An RCMP patrol car roared up minutes later, and right in front of my brother's landlord, I had to explain what happened, my brother's psychological state, his recent time in Royal Columbian. The constable issued an APB on the spot through his radio and gave me a case file number on his card. The landlord began to tell the constable every miserable thing he could think of about J and Angela. I couldn't listen. I went back to putting their things into the truck and worried that my brother would race up in his car in god knows what deranged state.

The police phoned me at 2:00 PM. They'd found my brother wandering around at Barnet and Lougheed, searching for a non-existent missing girl. He was showing everyone he met one of Angela's baby pictures—the missing girl.



I sat on the floor beside my brother in a second Seclusion Room at Royal Columbian. He sobbed. He said something happened to his

car. It wouldn't start, so he abandoned it. I found his MR2 an hour later where he left it under the overpass on Front Street in New Westminster. The driver's side door was wide open and the interior light glowed dimly. There were two cans of Friskies cat food in a white plastic bag on top of the roof. The interior was a mess of cigarette ash and garbage, but it still smelled like my father: sweet sweat, cedar, and lanolin. The car had been our father's divorce gift to himself before he died nine months earlier. It was my father who looked after my brother the first time he fell apart, who held his hand when J's muscles went taunt and rigid from the first anti-psychotics, who never forgave himself for the emotional damage he felt he inflicted on his second son. I shifted the car into park from reverse and it started immediately.

J was moved into SC2 in the Sherbrooke Psychiatric Facility a few days later. SC2 remained as eerily quiet as the Psychological Emergency was when I first arrived. Patients shuffled around the floor in blue gowns or street clothes when they had re-earned the right to wear them. The nurses sat behind their station in a cloud of boredom and spoke in low voices or flipped through magazines until the next dispensation of medication. Here any emotion outside the reserved Canadian norm was considered abnormal. Garden-variety anger attracted RNS with a lecture or Ativan or the threat of a visit to the Quiet Room, Sherbrooke's version of the seclusion room.

My daily visits to see J blurred together. One day his medication made him anxious and we marched up and down the hallway, which had a sign at either end that read, *80 laps makes one kilometre. Go for it!* Every few minutes J dropped to the floor and pumped out push-ups because the anxiety from his meds, he said, "drives me fucking crazy." He complained to the nurses, but they insisted that this side effect was much better than psychosis, but didn't explain for whom. Another day, my brother wore a plastic, fluorescent cross and called himself by his middle name, Michael, because he believed he was the Archangel Michael. Our father, he confided in me, was in Hell. Every lap, up or down the floor, we walked past a large, sky

blue construction paper collage of the fun activities patients could amuse themselves with on the ward. The collage didn't say that the only game on the common room computer was Doom, which I played when I waited for my brother to come back from group therapy, or *group*, as patients called it. Outside on the front steps my brother chain-smoked, as it seemed every patient at Sherbrooke chain-smoked to cope with madness and its salves.

Eight days after my brother's second admission, his psychiatrist, Dr. O, finally agreed to meet with Angela and me. Dr. O had never answered any of our numerous notes or returned a single one of our phone calls, so the meeting shocked me. We met at 10:00 AM in a conference room with Dr. O, a social worker, and a psychiatric nurse.

Dr. O began the meeting by saying that he hoped we could provide some information that would shed some light on my brother's case.

I said that Angela and I had been struggling to contact him by phone for ten days to tell him just that.

He told us never to phone him at his office.

"How can we contact you?" I asked.

"You may leave a note," he said.

"You never answered any of our notes."

"You may leave a note."

Angela asked numerous questions about my brother's condition and his prognosis, and to each question Dr. O said that my brother had little insight into his condition and likely wouldn't take his medication.

She asked Dr. O about the side effects of loxapine, the anti-psychotic he'd prescribed J. He said that drugs like loxapine took two to three weeks to reach useful antipsychotic effect.

"Knowing that," I said at volume, "you discharged my brother into the community with a prescription after only three days in the Emergency Department?"

"What would you have us do?" he asked.

“Admit him and stabilize him on medication.”

He dismissed this with a shake of his head.

I grew irate. I said that he’d discharged my brother too early, he’d failed to consult with the family, he failed to return phone calls, he’d strayed from the DSM-IV, the bible of psychiatric diagnosis, by concluding my brother had “marijuana psychosis.” I said that I had to phone 911 to get my brother off the street.

Dr. O called this old news and then said to me, “I understand you use marijuana.”

“I do not,” I said. “And even if I did, what does that have to do with discharging my brother too early?”

He said that according to J and Angela, I shared marijuana with them.

Angela told Dr. O that he had the wrong brother. My youngest brother smoked marijuana with them.

Dr. O muttered, “Oh,” but didn’t apologize.

By now I was yelling at him, every furious thing I could think to indict the bastard with.

By now the social worker was yelling at me, “We are not mind readers!” and, finally, Dr. O said that if I didn’t silence myself he’d have security remove me.

He turned to Angela and said, “Do you have anything reasonable to say?”



My brother later told me that the whole floor on SC2 heard me bawling out Dr. O. “You’re lucky,” J said, “they didn’t lock you in the Quiet Room. Or me, to punish you.” I wrote letters to the head of psychiatry, Dr. C. Angela also wrote letters to Dr. C: the psychiatric staff, she wrote, had forced her to take J back to their home; she felt as if she had no choice. Dr. C wrote back. The outcome of the meeting was my own fault: I was angry and belligerent from the start. Dr. O had behaved with patience and professionalism and wasn’t, as I described him in my first letter, *dismissive, condescending,*

supercilious, burdened with excessive professional vanity and completely lacking in professional judgement. I could have raged about Dr. O to the College of Physicians and Surgeons, but my anger wouldn't have done anything for my brother.

In early September, my brother vanished again for a few days. He lived on Wreck Beach until security guards at the University of British Columbia chased him into the surf. I didn't hesitate to knock on the heavy teal door to the Psychiatric Emergency Department.

This time, I felt like an old veteran.

I spoke in a soft voice.