

A silhouette of a person is shown against a light, hazy background. The person's arms are outstretched horizontally, with their hands open and fingers spread. The person's head is tilted downwards, and their face is partially visible in profile. The overall mood is one of reaching out or expressing a need.

D. Cross

Silent Screams

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*To Vonn, who had trouble coming into the world,
and whose life is just beginning.*

Preface

For those whose voices go unheard—or, if heard, are misunderstood.

The names of people, places, and institutions herein have been changed to protect rights of privacy. And while some of the individuals included are no longer living, many of the places and institutions described remain in existence.

No attempt was made to fully characterize any individual, place, or institution, and though events occurred within a general timeline, no special attention was paid to exacting details of time, place, or mores of society. Those seeking more relevant anchors in time and place are welcome to ferret them out if they choose.

The recounting of any life is subject to the perceptions and memories of the biographer, even though these may be different in significant ways from the views and recollections of others.

Those no longer with us lack the opportunity to contribute their own opinions or counter any misconceptions the author may have held, but others are welcome to review or reconstruct any part of what has been described.

Medical professionals and their facilities and treatments are also depicted in light of the author's own experiences, along with the understanding that medical diagnosis is an art that, as often as not, may require the talents of a Sherlock Holmes.

It's quite possible that one's journey through life can be viewed with clarity and understanding only in hindsight, although every now and then, it might prove helpful to take account of one's progress.

Such an accounting may then be woven—as a silken thread within a tapestry—into the universal life of man, for one's journey is never a private undertaking; its course is traced within the whole of human experience.

“Most Men Lead Lives of Quiet Desperation...”

—Henry David Thoreau



CHAPTER I

This was not what I wanted! No, nothing like this! Waking in a hospital isolation room on a cold, metal gurney when, earlier, I hadn't wanted to wake at all!

As I looked up, I was surprised to see Dr. Stevens' face filling my vision. *What was he doing there, peering down at me?* I wondered. And where, exactly, were we? I knew Dr. Stevens was on staff at St. Benedict's, so I assumed we were somewhere within the bowels of the old hospital except I couldn't remember arriving, or how I'd gotten there.

I was unsure if it was day or night. It occurred to me that if it was past Dr. Stevens' regular hours, he might have been called away from his home. And he was probably not accustomed to being called out after hours—especially for an unexpected encounter with a long-time patient.

As he continued peering down at me, I wondered what he was expecting—evidently not a fight-or-flight response, because my body wasn't restrained in any way. I couldn't have jumped up or run away if I tried, and I abhorred any form of aggression.

Undefined quiet having captured all the air in the room, I wondered if he was waiting for me to break the silence.

“This ain't heaven,” I offered.

The doctor then surprised me by remarking in a low voice, “You must have been in agony.”

Was this empathy? Possibly. But there was no emotion in his voice. Not surprising, because he was expert at showing no emotion. He had been able—even after three-plus years of therapy—to remain almost a stranger. His remark was more likely inquisitive, though it must have been evident I had no desire to talk to him because he said nothing more. He just moved slightly away, appearing to ponder something.

Receiving no further response from me, he then proclaimed, “I’m going to admit you,” then he quickly turned and left the room.

I was glad he hadn’t asked how I felt or what I thought about being admitted to the hospital—assuming he meant St. Benedict’s—because I couldn’t have answered.

I not only had no answers, I was also just too weak and weary to care about finding any. Because for a very long time, something I did not understand had dominated my life, plagued my body, tormented my mind, and undermined my soul, affecting every aspect of the world I knew until, at twenty-something, I no longer wanted to live in that world.

I had tried explaining this to Dr. Stevens during many therapy sessions, when it seemed the effort could still be worthwhile. It had seemed important, then, to find words to describe how painful my life had become, before I reached the point when all that mattered was to escape the hellishness that seemed to pervade it.

I considered it had been very early when a sense of misplacement in the world took hold and illness began to take its toll, making it difficult to do things others took for granted, and when, along with difficulty meeting the physical demands of life, a systematic mental and emotional turning inward had begun.

Not realizing as a child that my experiences might be out of the ordinary, I hadn’t questioned their portentous effect, nor understood at the time how the underpinnings of life had already begun to crumble.

Perhaps long-term physical weakness, reduced resistance to stress, and emotional trauma had made life seem overwhelming, although something akin to sensory overload also seemed to occur during otherwise normal events. The skin-searing heat of Midwestern summers and chest-tightening coldness of winter had been especially painful, as well as the bright lights, noisy crowds, and clamorous traffic of the city. (I remembered, in particular, how mind-numbing going to large city department stores had been, with their many products, overwhelming displays, bright lights, and rushing people.)

It sometimes seemed as if the very air pressed in on me, and that oppression came from everywhere, like a weight overpowering my energy and will until even the smallest effort became too taxing, and everyday tasks too demanding. Day by day, week by week, and year by year, ever more energy was required merely to function. And later on, with no relief from this dreadfulness, I began withdrawing further from what felt like life in a war zone.

It was difficult to even begin describing these experiences to Dr. Stevens because, being focused only on the present, he didn't seem to understand how very long and deeply they'd been affecting me.

He appeared impatient when there was nothing I—nor he—could point to as a precipitating cause for my withdrawal. And, unable to formulate any boundaries around my description of an all-consuming pain, he remarked that it would be helpful to “draw a line around the problem.”

Frustrated by my inability to pinpoint anything specific for him, my increasing unwillingness to continue explaining, and my eventual withdrawal into silence, he allowed simply that he had “an intellectual understanding” of what I tried to communicate.

“It was like being only an observer of life,” I'd told him, “like watching everything on a movie screen.” I didn't want to

