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Autobiographical Essay:
Exploring My Mental Health

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It has been four years since my last suicide attempt. I used to be self-harm clean for about the same amount of time, but I have since relapsed. Recovery is never a straight line, it comes with ups and downs that can be difficult to accept. I can't say with certainty that I will never attempt suicide again or never self-harm again, but I can say for certain that I understand my illnesses more readily than I have in the past. This is directly correlated to the psychoeducation I have developed over the years through therapy. Life writing can allow us to explore language in narrative form and can help us make meaning out of our experiences. My goal in writing this is to attempt to understand my mental illnesses and to give them meaning. However, illness or breakdown narratives are ones that have uncertainties on every level, especially when a writer is in a position of recovery (Smith & Watson, 2010, pp. 145-146). Since I am writing this coming out of a depressive episode, I can only rely on my interpretations of my memories as they relate to my mental health. Just as Hooks (1989) discusses her fears of being "the traitor" and "the teller of family secrets," I am also writing in a place of fear. Fear of exposing my own secrets, of being vulnerable, and in exploring the parts of my memories I would rather not explore (p. 157). However, Hooks (1989) also notes that she cannot "grow inside the atmosphere of secrecy." Secrecy does not allow you to heal properly. In fact, it does the opposite; secrecy festers. Secrecy and isolation come as a package with being mentally ill. I am ashamed of my illnesses and loathe how it impacts my life. When I am deep in the throes of depression, I am never quite sure how to express my thoughts, emotions, behaviours, or

experiences to other people. Autobiographical writing can let me explore these parts of myself in a more coherent fashion.

Helen Keller (2004) wrote about her life before language as a ship lost in a dense fog, and depression was like this for me before I understood it or could give it a name. Without language, it is difficult to come to an understanding about yourself. Without understanding, how can there be hope for recovery? Language shapes our reality and our worldview. It is not a neutral activity; when we speak, we are always speaking in context of our surroundings, upbringing, and the discourses happening around us. In Keller's memoir, "The Story of My Life," she recounts growing up as a deaf and blind child learning language for the first time. Keller (2004) experiences language as an epiphany—it connects her to the rest of the world; her sense of identity and self; and the environment around her. When I first started experiencing depressive symptoms, I wasn't quite sure what was going on with me; I didn't have the language. I was navigating life in the dense fog—having insomniac episodes that made it difficult for me to concentrate during the day, bursting into tears at random intervals, feeling overwhelmed and unhappy for, at the time, no real explainable reason. I started researching and trying to figure out what was wrong with me. I remember writing, "why am I always sad?" Naturally, clinical depression came up as a result and through my readings, I came to understand this new developing sense of self. With language, I could make sense of my illness and this new identity. I also knew that I had a hard road ahead of me, but the lack of language to understand it made it difficult for me to make meaning for its place in my life. I began believing I had depression and sought my older brother to confirm this. Instead of comfort, he became indignant and shouted, "God, you're not depressed, Vinny!" It was not until I

attempted suicide that he realized he was wrong. Mentally ill individuals must deal with the language that others describe us as; we are “psycho,” “schizo,” “nutjobs.” Abnormalities. It takes someone like Keller’s teacher, Sullivan, to help us learn language that accommodates us.

After my first suicide attempt, I began learning Cognitive Behavioural Theory (CBT). Under the Mental Health Act of Ontario, I was placed as an involuntary psychiatric patient at the Cambridge Memorial Hospital. Learning the language of my mental health at this inpatient unit gave me a sense of hope—I was given an alternative besides the self-destructive coping mechanisms that I knew. I found that CBT is a tool that can help you identify negative thinking patterns and the way we interpret memory. Smith and Watson (2010) write that remembering subjects creates meaning for the past during the act of remembering. One individual might remember falling off of a swing set as an embarrassing and painful memory, while another individual might interpret the memory differently; falling off of the swing set reminds them to be careful and to not take too many risks. Realistically, the memory is painful, but remembering something painful does not serve the person well in the present. That is why CBT is used to change the way we interpret our memories—so we can create positive meaning for ourselves.

Trauma has had a direct relationship with my illnesses and the ways my symptoms manifest. Writing this is a form of scriptotherapy that Smith and Watson (2010) describes as a way to find words and a voice to previously repressed memories. It wasn’t until this past summer that I uncovered a traumatic memory that I never knew was affecting me. When I seven, I was molested by my uncle when my family went to visit Cambodia. As it was happening, I was dissociating; looking out at the road as people walked by, not noticing us or caring. I remember pushing his hands away every time he touched me, but this did not deter

him. Later that night, I remember going to bed where my mom was sleeping, and I felt relieved, happy that I escaped. There was this sudden pull for me to tell my mom what had happened, but I did not have the words to express it. So, I went to sleep that night and repressed the memory until my mind decided to let me remember it again this summer. Had this memory not come back to me, I would still be dealing with this trauma in ways that would never find resolution. That abused child would still be lost to us.

After I came back home to Canada from Cambodia, things had changed for me. They had changed because of the abuse. I became aggressive. I became touch sensitive. I purposefully trained myself to suppress my emotions. Numbing myself and lashing out at others was how I coped with this intense anger that came out of me from—seemingly, or without memory—nowhere. The years went by like this with my behaviour going unchecked. What had initially helped me adapt to trauma soon became maladaptive. When I realized lashing out at others was inappropriate, I turned to self-harming. While I write this with discomfort in the act of remembering, these experiences and memories are at the heart of who I am. I still have self-harm scars and must live with them long into the future.

Smith and Watson (2010) view experiences as "the very process through which a person becomes a certain kind of subject owning certain identities in the social realm" (p. 31). I see myself as a trauma survivor and a mentally ill individual, although the discourses of stigma around me have made it difficult for me to embrace this identity. When I sat down with my mother a year ago and tried to explain my experiences with depression, I told her, "I thought my life was horrible. Everything was bad. I felt bad every single day. I felt like nothing I did mattered." When I think of myself as a teenager, I think of myself at my worst during a

depressive episode. Everything is awash in a negative light, and this negativity completely distorts my worldview. My mood and sense of self gets steeped in negativity as well. As a teenager, suicide became an option because I did not know any other option. I did not know how to stop my pain. I knew how to self-harm, and by extension, fantasize about my own death. Winterson (2011) defines suicide as a state a mind in which people vacate their life and that was what I remembered doing — I stopped going to school, I stopped having the energy to do my homework, I would sleep late and wake up late, and often miss my morning classes. However, vacating life does not stop pain, and while suicide may stop pain permanently, it also creates pain in others. After my cousin attempted suicide in 2015, I realized how much suffering I had put my family and friends through and vowed never to attempt again. Experience calls for the constant re-interpretation of events, and with this new experience with suicide, my views changed as well (Smith & Watson, 2010). This does not mean that I no longer have suicidal thoughts; when I relapse, I think of suicide. Although, now I know better about the consequences of my actions. Experience has changed my mentality.

Memory also connects our past to the present, and thus, affects our future as well. I find that my anxiety often comes from being stuck in the past; obsessing over what I could have changed, what I should have done differently, and fantasizing about alternatives. However, recalling and discussing memory in life writing narratives comes with its difficulties. Winterson (2011) writes her memoir in a non-linear fashion, and this reflects the fragmented way that memory and the human mind works—we remember only bits and pieces of events and not necessarily its entirety. Winterson (2011) also notes that “life has an inside as well as an outside and that events separated by years lie side by side imaginatively and emotionally” (p. 153). Our

bodies experience time in a linear way but our minds do not; and as such, the experiences we remember and the narratives we write are not always in a linear fashion. What if my brother had been understanding about my depression and accepted it for what it was? Similarly, what if my family had seen the red flags in my behaviour and sought help for my developing mental illness? Would it have prevented my suicide attempts and self-harming behaviour? Perhaps, but obsessing over what could have been does not help me now in the present—I can only focus on this moment and this moment forward, to forgive my brother and my family for lacking understanding and the language to help me. After two suicide attempts, my brother finally sat down with me and tried to teach me the basics of meditation. He also handed me a CBT resource with specific items highlighted as they related to me personally. Then he looked at me and said, "I wish I could fix this for you," and I dissolved into tears. Of joy, hope, pain. Of course, this would not cure my depression, but it let me know that he cared. Placing more emphasis on this latter memory of my brother is more beneficial than my previous memory of his admonishment. In this way, I am making meaning in my memory of my brother through the act of reinterpretation (Smith & Watson, 2010).

Memory and illness can go hand in hand; my depression has affected my memory as it often does for those suffering from mental health issues. Anthony (2018) notes that the depressed have difficulty recalling memory in extraordinary detail. I agree with this, but also find that my depression is selective in memory. What I do remember are often unimportant and insignificant details—the memories that are important slips from my mind. This creates frustration and often reinforces negative beliefs about myself and my self-esteem. Anthony (2018) also notes something else about memory: "the things we want to remember are often

difficult to recall, while the things we'd prefer not to remember are impossible to forget." When I am having particularly bad days, I often find myself remembering painful memories that do nothing to alleviate my mood. This can tie in with my memories of trauma — remembering is painful, but my mind replays these traumatic memories despite how painful they can be. Sometimes I think forgetting is a privilege, but without memory, we cannot heal our wounds properly. They would continue to be exposed, open, and sore.

The discourses surrounding physical and mental illnesses have a real-life impact on peoples' lives. Physical illnesses can be visually seen and diagnosed in more concrete and tangible ways; if a person has gangrene in their leg, one can see this in a more obvious manner than with someone experiencing social anxiety. Mental illnesses are less concrete and tangible illnesses to diagnose and treat. This difficulty can be further stressed when stigma, cultural differences, and the lack of language or knowledge inhibits our understanding of the complexity of someone suffering from a mental illness. Perhaps this is why my brother found it difficult to accept my depression until after he realized the severity of it.

There is also a connection with culture and illness. My mother blames my mental illnesses on "black magic," superstition, or the supernatural. Sometimes she will go on elaborate tangents on how certain people in her life have set up traps for her family to fail out of envy and jealousy. My hallucinations are, apparently, manifestations of the evil spirits and entities that exist within me and within the supernatural world. It is disheartening to hear your mother tell you your illnesses are caused by the power and sinister intentions of those you don't know personally. When I first started hallucinating, my family brought me to see a practitioner that "magically cured" people, and the expectations were for me to be cured too.

When I inevitably was not, I felt even more broken. I used to wish that I could wake up and "be normal like everyone else," but I know now that achieving normalcy takes different steps for me than for someone who is not mentally ill. After being put on antidepressants for the first time, I described the experience to my counsellor: "it feels like I'm a different person." Why? My experiences with depression were such an integral part of who I was and how I saw the world that when my mood became stabilized, my sense of identity shifted as well. Even now, when I have a particularly good day, I don't view it as my "normal" because it is not.

In Matejova's (2017) collection of Canadian immigrant women's experiences, there is a story about a young girl being made fun of because of her tiffin—a food container significant to her culture. In order to feel more "normal," I used to ask my mom to make sandwiches for my lunches like the rest of my class instead of fried rice. It felt right to feel proud of my Cambodian culture when I was younger, but as I grew older and sensed that this part of me alienated myself from my predominantly white peers, I tried my best to assimilate. In this act of assimilation, I was able to "fit in" more. Over time, however, as my parents stopped talking to me in Khmer and as I stopped answering them in Khmer, Cambodia died in me. "What are we if not the sum total of all the lives lived in all the places where someone once came as an immigrant?" (Matejova, 2017). I am Cambodian by descent, but when other Cambodians try to speak to me in Khmer, I am not. I am "westernized."

At this stage in my life, I want to relearn the Cambodian part of me that I have lost. As a child, my mother would describe me as a "happy" one that would go around smiling and saying "hi!" to everyone. I don't remember being this child. I don't remember much of my childhood—I thought this might be due to trauma or repression, but it might also be related to the loss of

my first language. The memories of growing up going to Khmer parties and doing traditional Khmer dances, eating Khmer food, and speaking Khmer to my relatives are all but fading memories, just as Matejova (2017) writes about her old home. Perhaps when I can begin to address my family members in Cambodian once more, I can begin to heal the child that was abused in their country and feel at once the tension that pushes me away from my culture, to instead, embrace it.

Without the exploration of language and understanding of ourselves, we cannot see our problems for what they truly are and begin the slow, gradual journey of healing. Recovery is not a single event, it is an enduring process that may take work for as long as one lives. Life writing is one outlet that an individual can utilize to bring more understanding to their life, trauma, behaviour, emotions, and thoughts using language. It brings coherence, relevancy, and creates meaningful connections to our lives as they relate to our identity, memories, and life experiences. Outside of these personal effects, our environment also has an impact on how language is shaped and how we view ourselves. Culture has as much to do with how we are raised as it does with how we are taught to perceive who we are. When our environment and culture ascribe negative connotations to our identity or life experiences, it creates tensions within us that are difficult to untangle from the mind. However, acknowledgement and expression can be the start to a new life and indeed, a newfound self.

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