Life is complicated, stop trying to simplify it.

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Introduction

Welcome to a journey into the complex and often misunderstood world of mental health. This book presents a series of interviews with individuals whose lives are profoundly influenced by a variety of mental health conditions. Each interview offers a candid, personal account of daily experiences that defy common stereotypes and reveal the nuanced realities of living with these disorders. As you turn these pages, you will encounter stories that are as diverse as they are enlightening, each one shedding light on the resilience and strength required to navigate a world that often misunderstands and stigmatises mental health.

Through these intimate conversations, you will gain insight into the unique challenges faced by those whose minds work differently from what society considers typical. You will meet individuals who experience intense emotional highs and lows, those who struggle with maintaining focus and organisation, and others who perceive reality in ways that diverge from the norm. Their narratives are not just about their struggles; they are also about their victories, their coping strategies, and the support systems that enable them to thrive. Each story is a testament to human perseverance and the universal desire for understanding and acceptance.

It is crucial to approach these interviews with an open mind and a compassionate heart. The individuals featured in this book offer a rare glimpse into their inner lives, inviting you to see the world through their eyes. As you read their stories, consider how societal stigma and misconceptions about mental health have shaped their experiences. Reflect on how empathy and informed support can make a significant difference in their lives. This book aims not only to educate but also to foster a deeper sense of empathy towards those living with mental health challenges.

By engaging with these stories, we hope to inspire you to contribute to the ongoing effort to break down the stigma surrounding mental health. Let these narratives encourage you to be more compassionate and understanding in your everyday interactions. By embracing the complexities of mental health and advocating for those who experience it differently, we can build a more inclusive and supportive society for all.

Bipolar Disorder
(Manic Depression)

What do you think it means when someone is “manic?” Keep that in mind as you read this interview.

The earliest mentions that could be remotely relatable to bipolar disorder in medical literature date back to Hippocrates (460–370 B.C.), a physician referred to as “The Father of Medicine.” He was the first to describe two extreme moods: feeling extremely low and feeling extremely energized or excited. During the Middle Ages, the boundaries between mental illness and religious beliefs and superstitions blurred. People with bipolar symptoms would be considered possessed or demonically influenced. Granted, we've come a long way from that mindset in this intellectual age, but can we truly claim to "understand" these fellow human beings with the disorder? Can we really say that we know what this illness actually is?

In this interview (and subsequent ones), you will learn what mania is and how it manifests and feels for the affected individual. This interview will also shed some light on the adolescent's symptoms. You will learn how this disorder affects someone's life and why it's more than just a "fun" thing; it has serious ramifications. Finally, you will learn about depression from the first-person perspective of someone under 15 years of age.

Philip Nazareth, 15 years old, Bipolar Type 1 with Autism

After experiencing my first manic episode at the age of 14, I received my first diagnosis. I'm 15 now. I haven't had that long of a journey, but there is still a story. When I was 7, I received my first diagnosis of autism spectrum disorder.

At the age of 14, a manic episode led to my diagnosis of bipolar disorder. It was terrible. At first, it felt energetic, like I could take on the world. But then it felt like hell. It began with minor issues, such as reduced sleep and the suspicion that someone was adding Clorox and other harsh chemicals to my conditioner. I was very suspicious of it. The situation worsened shortly after my lizard passed away. For some reason, I didn't believe he was dead or that he would wake up from being dead, even though he was 100% dead and stiff. My mom ended up putting his tank outside in the snow so he wouldn’t decompose. But I really did believe that he’d wake up from the dead, so I got his tank and brought it inside. I was arguing and fighting with everyone because they were telling me to put him back outside, but I was adamant and tried to explain that he wouldn't wake up if they kept him outside. I felt as though they were attempting to end his life permanently or that they were actively harming him, as they refused to listen to me.

Soon after, things got worse. While staying at a hotel, I began to grow suspicious of the mirrors, suspecting that they were equipped with cameras. I thought that people were watching them live, or that they had them so they could steal my stuff. I was eating much less, and I stopped sleeping, and I started hearing my name being called. I began to see large beetles flying around me on the ceiling. I also believed that I was powerful, like I could do anything and live or get away with it. A few days into not sleeping, I attempted to jump out of the car because I felt and believed (with my whole heart) that I wouldn’t die. My mom brought me to the hospital, and after spending nearly the entire day there, they disconnected me from everything, provided no information, and transferred me to the behavioural unit.

I had already been begging my mom not to take me there, saying that they were bad people. I really did feel like that. I felt like they were evil, like they had some sort of evil intention with me—that they would test drugs on me or that they would try to operate on me. It was just really bad. I started feeling extremely sick and was begging my mom to help. Since then, I’ve had two more, which were also bad. They weren’t as long, but it’s more common for me to have hypomanic episodes. Again, I have had a few more full-blown manic episodes.

I’ve been seen by another psychiatrist, and I also got diagnosed with bipolar from them too.

What problems did the disorder cause?

One of the issues that I face is with relationships of any kind. At times, I get very depressed, am unable to even get out of bed, and become extremely suicidal. I stop talking to people sometimes, not because I don’t like them but because I don’t feel motivated to do anything. The rage that comes with this also affects my relationships, and I feel bad later on. However, in the heat of the moment, I want someone to kill me, which leads me to yell and break things. I hit people sometimes, and I cut myself. I never meant for that to happen, but it does happen. Also, this affects me in the way that during manic episodes, I feel like I need nobody or believe that everyone with whom I have a relationship hates me, is talking about me, or that they're holding me back in some sort of way. I've dropped people and gotten dropped for all of this, and it really does suck. I'm trying to get my sh*t together, but it's very hard for me.

How has family support been for you?

I do have family support, but it's hard. Because someone who doesn't have your experience or an experience very similar to yours will never fully understand it. Even if they think they do.

This can sometimes make me feel even more alone. But overall, they do support me—my parents, I mean. This isn’t something I really want anyone outside my immediate family to know about. My mom's side is white, and my dad's side is Hispanic. I am experiencing a slight identity crisis, as my mom's side perceives me as "that poor person" and feels sorry for me. I don't want to feel like that every time I see my family. My dad's side is very hidden, and look down upon it, viewing it more like, "That person just went crazy." Bipolar disorder runs strong in both sides of my family. Actually, I didn't know that until more recently, because it's so hidden on my dad's side. But he does have bipolar, too; he has bipolar 2, and I have a sister who has bipolar 1.

After receiving the diagnosis, how did you feel?

Upon receiving my diagnosis, I struggled to accept it. I felt like I was a disease, and it made me like my father. What exacerbated my feelings was the realisation that my mom's grandmother suffered from schizoaffective disorder. My mom was essentially responsible for caring for her own mother and transporting her to various hospitals. As a result, she had to cope with a variety of challenging situations. Especially because mental illnesses were not widely understood at the time, she had to witness her own mother undergo an exorcism in an attempt to "cast out the demons." My mom's statement that I resembled her mother in certain aspects, such as my manic episodes, the things I'd do or experience, the hospital visits, etc., exacerbated my feelings. All of this made me feel extremely uncomfortable and upset. I feel less like that now, but I still do sometimes, and it is hard. But I’m a little more accepting of this.

What are your thoughts on how people perceive bipolar?

I think it’s harmful what other people think about bipolar. Some people think it’s all fun being manic. It can be at times, but it doesn’t stay like that. It can actually be really scary, and you have consequences when it’s over. It’s not a fun thing in the end. Then there are other people who think that bipolar people are just plain abusive and believe all of the stereotypes, and I think all of that is harmful to the bipolar community.

I feel that society sees people with bipolar disorder in three different ways: dangerous, pitiful, and lazy. Mania is often the highlight of why these characters are so "wild."

Dangerous: The media typically portrays characters with bipolar disorder as crazy or predatory**.** There are extreme representations, like in the movie Midsommar, where the main character's sister, BP1, kills herself and her parents in a murder-suicide in a mania-induced psychosis.

Pitiful: Vincent Van Gogh. This is a big sore spot for me, and it's fresh because I just went to an "immersive" exhibition about him. People love depicting this man as a tortured artist, and how his pain and tormented life made him produce the most beautiful paintings. How could no one see his genius? He was so passionate! He created hundreds of paintings in wildly unpredictable spurts! It was heartbreaking that he didn't receive recognition until he committed suicide. He also had violent outbursts that drove his BFF Paul Gauguin away (never mind that Gauguin took advantage of Van Gogh's friendship as shown in his private letters, a friendship which Van Gogh treasured greatly due to being ostracised for his symptoms!), was warded in an asylum multiple times because of his psychotic episodes, and (gasp) cut off his own ear and ate paint! So crazy! So scary! So tortured! Woah!

You get the best of both worlds here. People romanticised Van Gogh's bipolar mania for "helping" him achieve greatness by injecting such raw emotion into his paintings, yet vilified him for the psychotic symptoms he publicly displayed during episodes. Make up your mind!

Lastly, lazy: Honestly, people think bipolar disorder is just mood swings. From sad to happy, happy to sad. "Like, everyone gets those, right? Stop making excuses!"

No!! Mania is more than being happy. The consequences of mania and hypomania can be detrimental to a person. Depression is the same.

What's more, people love to say, "I'm so bipolar!" when they can't make up their minds about which two donuts to buy. Their boss is bipolar; they're nice one day and mean the next. They minimise it to such an extent that it fails to garner serious attention. Society just can't grasp that this is a serious illness that is affecting real human beings and their quality of life, even though they love using it as a plot point in the media. This illness is not real to them because they don't have enough sympathy to put themselves in our shoes. We're all just uncontrollable, wild creatures who aren't putting in the effort to be "normal.".

De-stigmatisation needs to be done. Proper education in schools, especially for young children, is important to me. I hope that one day I can be braver and more open with my own experiences.

Different fragments of the same soul

A married relationship is an intricate dance of love, trust, and intimacy between two souls who have chosen to intertwine their lives forever. It is a passionate bond that transcends time, weathering life's storms and basking in the warmth of shared moments.

Living with a partner who has Dissociative Identity Disorder(DID) means being part of a unique journey, one filled with moments of love, resilience, and profound connection.

In this extraordinary relationship, the wife becomes a pillar of support, embracing her husband's various alters with an open heart. She learns to recognise the various identities that coexist within him, each with its own needs, emotions, and struggles. With patience and empathy, she helps create a safe space for all alters to express themselves, nurturing trust and cooperation among them.

She understands that some days will be more difficult than others, as her husband may experience mood shifts and changing identities. During challenging moments, she stands by his side, offering comfort, reassurance, and unwavering love. In times of confusion and vulnerability, she becomes his anchor, providing stability and a gentle reminder of their shared commitment.

As a wife to a husband with DID, she cherishes the unique qualities of each alter, celebrating their strengths and offering understanding during moments of distress. She becomes adept at reading the subtle cues that indicate a switch between identities, offering unwavering support and patience throughout these transitions.

Their love story becomes an extraordinary tapestry of resilience and devotion, weaving together the diverse experiences of their shared lives. They grow together as a team, building a relationship that thrives on trust, communication, and mutual understanding.

Bernadette Goldberg, 29 yrs., Wife of a person with Dissociative Identity Disorder.

A Wife’s Perspective

Note on pronouns: My husband, V., uses they/them and he/him interchangeably. Their twin, R., uses he/him. Other alters use they/them.

How did y'all meet? When did you learn about his disorder?

We met through a common friend. Neither (as in, me and my husband) of us was aware of their DID, but we knew about CPTSD(Complex Post Traumatic Stress Disorder) before we even got together. We learned about the DID at the beginning of June, and although we were aware of most of the symptoms way before that, their alters only decided it was safe to fully come out to them last month.

How are relations with him and his alters? How do you see him and his alters?

I see them as different fragments of the same soul (we discussed their view on this as well). Thus, despite the fragmentation, compartmentalization, and existence of distinct fragments within a single soul, these fragments underwent distinct development as a result of separation and the accumulation of diverse traumas and memories, akin to the ecosystems of islands. Each individual possesses unique mannerisms and personalities, and unless they are acting covertly, they also carry themselves, walk, and sit differently. They speak differently due to the wide range of their voices, and they each have different hobbies and opinions about various topics. But at their core, they all seem pretty much aligned towards similar goals and core beliefs.

Overall, everyone I've met so far is decent and approachable when discussing issues that affect others.

From a personal interrelationship perspective, I see R. and V. as romantic partners, and J. and Y. as younger siblings or siblings-in-law. I adjust my behaviour depending on who is fronting.

What do you believe the general public's misconceptions about DID are? What potential solutions do you see for addressing this?

Oh boy, where do I start? There is so much unjustified stigma. I suppose it's similar to the discourse surrounding other conditions, like schizophrenia. People tend to assume that just because someone has a condition, it automatically makes them dangerous, as depicted in movies. The media needs to stop treating them like monsters. They don't resemble the monster from Split. They are not murderers. They suffer so much more than anyone else around them. People with mental conditions are neither more nor less dangerous than people without them. Despite the fact that many neurotypical individuals torture, abuse, exploit, and even kill others, no one is claiming that all neurotypicals are dangerous murderers.

Most people with DID typically face higher risks of self-harm, depression, suicide, and abuse compared to neurotypical people, a fact that should be obvious to anyone familiar with childhood chronic trauma and CPTSD. However, when they come out to others, these individuals often withdraw, acting as if they were the abusers rather than the victims of abuse. It's like telling someone who got hit by a car while crossing the road with a green light as a pedestrian that they must be a bad driver! It's illogical!

We should treat people with traumagenic disorders with compassion and understanding, not with hostility. Unfortunately, there are numerous narratives in the media that perpetuate these stereotypes. It's incredibly simple for the media to stigmatise individuals, particularly those who are more vulnerable and unable to defend themselves, and it's even easier for them to manipulate these stereotypes into something that appears compelling on paper, regardless of its lack of accuracy. If you ask me, it's easy targeting, and if the writers behind those scripts had any kind of work ethic, they would have done enough research to know better. And if they had any shred of knowledge about research ethics, they would know better than to push the stigmatisation of an already vulnerable group. Honestly, it angers me.

Another misunderstanding is that it must always be a tragedy. Of course, what causes DID is often horrifying (enough to split an entire identity and have life-long consequences), and it's not the easiest condition to manage. Depending on the specific system involved, learning how to manage it can be a long and strenuous journey, but it doesn't mean that someone's life is tragic or over. It's an adjustment, of course, and like with any other condition, it often sets limitations and things someone can't do the same way people without the condition could. However, there have been individuals who have managed to lead fulfilling lives despite their condition. Thankfully, nowadays we have enough research on trauma to have effective therapies for CPTSD, which are often recommended to help one manage DID and show great results.

Not everyone is going to have the same results, and not everyone is going to go at the same pace, but it is always good to know that there is a chance to improve the parts of a condition that are making your life a little too hard at the moment. And even with poor results, that doesn't mean that one cannot live a fulfilling life or be happy. This is particularly true if the individual is safe and no longer experiencing abuse or trauma.

Do you have to change any of your own behaviour to accommodate your husband? If yes, how would that be?

I do change my behaviour a bit, depending on what alter presents itself. Mostly it's my V., sometimes their twin, R. (they split in two the first time, apparently not fully, and they kind of flow into each other; it's a case where neither of the two came first; they are two first halves), and with them, I behave very similarly since they are both in a relationship with me. One is more playful and distracted, and one is quieter and more stoic, so there is just a bit of reactive change to adjust to talking to a different person.

The teenage alter doesn't front much, and the other who fronts from time to time is a kid alter, Y., who is just a darling and honestly one of the easiest kids I have interacted with. Naturally, I don't harbor any romantic feelings or attraction towards them. In a way, they are like younger siblings or nibblings to me. We converse, and I ensure that their needs are met. If we need to have a conversation, we do so; if we want to have some fun, we engage in activities like reading or playing games. I mostly just try to create a safe space where they can come out and get their needs met. Usually, when they get what they need (a hug, watching cartoons, reading a book, spending some time out), they let R. or V. front again.

Dissociative Identity Disorder (Formally known as Multiple Personality Disorder)

with

Attention Deficit Hyperactivity Disorder(ADHD)

What comes to mind when you hear the words "Multiple Personality Disorder?" Take a moment to reflect.

Dissociative Identity Disorder is, by far, one of the least understood mental illnesses. Many people misrepresent this disorder, leading to social stigma. Hollywood films and TV shows perpetuate the stigma by exaggerating the condition or portraying it in an inaccurate manner. Take the 2016 horror film Split, for example.

The term "hysterical neurosis, dissociative type" first appeared in 1968. It was defined back then as an alteration in a patient's consciousness and sense of identity. This is a very vague definition, especially when you compare it to what defines the disorder in modern times. Later on, in the 1980’s, the familiar term “multiple personality disorder” became commonplace and entered the public consciousness. The 1973 book, Sybil, helped to popularise the notion that the human mind could exist as plural, and thus, a legend was born. This term was coined after observing a disturbance in the development of a person's identity, memory, or consciousness. I will present the most recent criteria, as of this writing, based on the DSM-V.

1. Two or more distinct identities or personality states are present, each with

its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self.

2. Amnesia must occur, defined as gaps in the recall of everyday events, important personal information, and/or traumatic events.
3. The person must be distressed by the disorder or have trouble functioning in one or more major life areas because of the disorder.
4. The disturbance is not part of normal cultural or religious practices.
5. The symptoms cannot be due to the direct physiological effects of a substance (such as blackouts or chaotic behaviour during alcohol intoxication) or a general medical condition (such as complex partial seizures).

This is convoluted and difficult to understand. But bear with me as we delve deeper and commence the interview, which will explain the disorder better.

Mental disorders are very complex and come with their own terminology, which the reader may not be accustomed to. I aim to familiarise the reader with a few terms in advance to prevent confusion during the interview and enhance their comprehension of the speaker's message.

NOTE*: The text that follows is quite verbose, so you may choose to skip it and proceed directly to the interview following. Refer back when you need some clarification on the terminology used. I would advise the reader to at least skim through it.*

Alter

An "alter" is short for "alter ego" and refers to a distinct identity or personality state within an individual who has Dissociative Identity Disorder (DID) or other dissociative disorders. In DID, a person experiences the presence of two or more distinct identities or personality states, often referred to as "alters" or "alternate identities."

Imagine you have a special box inside your mind. In this box, there are different characters, just like the ones you see in movies. Each character in this box has their own personality, name, and feelings. They can be happy, sad, angry, or anything else.

Sometimes, one of these characters steps out of the box to help you deal with big feelings or difficult situations. They may handle the situation in a different way than you or I. That character is what we call an "alter."

Each alter has its own set of thoughts, emotions, memories, behaviours, and even physical characteristics. These identities can vary widely from one another in terms of age, gender, beliefs, preferences, and abilities. Some alters may be aware of others' existence, while others may not. They may have different names and may emerge in response to specific triggers or situations.

The formation of alters is how the mind copes with severe trauma, especially during childhood. When a person experiences overwhelming stress or trauma, they may dissociate, which means mentally detaching from the distressing experiences. This dissociation can lead to the formation of separate identities or alters as a means of compartmentalising traumatic memories and emotions. Being plural is not the same as having multiple personalities on purpose; it happens naturally as a way to cope with extreme stress or trauma.

System

A "system" refers to the collection of different identities or personalities that exist within an individual. Individuals with DID and mental health professionals commonly use this term to describe the internal architecture of their mind, which comprises multiple distinct identities or alters. A person with DID may say, "Our system has several alters, each with their own roles and experiences." In this context, "our system" refers to the collective identities that coexist within the person's mind.

This would be the box we were referring to in the previous analogy.

Roles

In Dissociative Identity Disorder (DID), each identity or alter may have its own distinct role within the system. These roles can vary widely, depending on the individual's experiences and the purpose the (respective) alters serve in coping with trauma. Here are some common roles that alters may take on in a DID system:

- **Host**: The host identity is the one that is usually present in everyday life and interacts with the outside world most of the time.

- **Protectors**: These alters are responsible for keeping the person safe and protecting them from harm. They may have strong and assertive personalities.

- **Child alters (Little ones), also called "littles":** These are alters that represent different child parts of the person. They may have varying ages and emotional states, and they often hold memories and feelings from the person's traumatic past.

- **Gatekeepers**: These alters control access to the other alters and memories, managing when and how other identities come to the front.

- **Persecutors (or Punishers)**: Sometimes, there might be alters who hold negative emotions or beliefs about the self and may engage in self-destructive behaviours or harmful thoughts.

- **Caretakers**: Caretaker alters take care of the other identities in the system, offering support and nurturing.

- **Memory holders**: Some alters may hold specific memories of traumatic events to protect the host from experiencing overwhelming emotions all at once.

- **Emotion regulators**: These alters may manage and process intense emotions to keep the person from feeling overwhelmed.

- **Helpers or Assistants**: These alters might have specific skills or knowledge that can be beneficial to the system as a whole, such as artistic abilities or problem-solving skills.

- **Introjects**: These alters are based on real or fictional people and may carry characteristics or memories related to those individuals.

I implore you to pay attention to these alter types, as you will see multiple alters with different roles expressing their own thoughts in this and following interviews.

Basics of Alter “Communication”

Alters can communicate with each other through various methods, which can differ from one person to another. Communication among alters is essential for the smooth functioning of the system and can take several forms:

- **Internal Communication**: Alters can communicate internally within the mind. They might "talk" to each other through thoughts, emotions, or mental images. Some people with DID describe having an internal dialogue or hearing each other's thoughts without using spoken words.

- **Co-consciousness**: Two or more alters can come together and be aware of each other at the same time. It's like having multiple people join hands and work as a team. We call this state of awareness and collaboration "co-consciousness."

When you're co-conscious, it's like having a group discussion in your mind. All the alters can talk to each other, share their ideas, and make decisions together. It's like everyone has a say in what's happening, and they can cooperate and help each other out.

Co-consciousness can be helpful because it means you're not alone in dealing with things. Your alter “friends” inside your mind can support and understand each other, making it easier to handle challenges and emotions.

- **Journals and Writing**: Some individuals with DID use journals or writing to communicate with each other. They may write notes and messages or share thoughts through journal entries, allowing alters to communicate even when they are not in the front (in control of the body).

This will be demonstrated as you progress through the book.

- **Art and Drawing**: Art can be another way for alters to communicate with each other. They might create artwork that reflects their thoughts and feelings, and this can serve as a means of expression and understanding within the system.

As you wade deeper into this book, you'll come across artwork (by multiple alters).

- **Inner World Meetings**: Some people with DID describe having an "inner world," a mental landscape wherein alters can interact and hold meetings to discuss various issues or share information.

- **Therapy and Internal Cooperation**: In therapy, alters may learn to communicate directly with each other with the help of the therapist. Therapeutic techniques, such as internal cooperation exercises, can facilitate communication and collaboration among alters.

- **Triggers and Switching**: Certain triggers or events can cause a switch in alters, where one alter comes forward and takes control. Switching can also be a way for alters to communicate their needs or concerns.

Switching, or “going to the front,” is akin to being in the driver’s seat. When a switch happens, one of the alters steps forward and takes over the "driver's seat" of your body, while the other alters move to the "passenger seats" or "backseats” and become less active.

During a switch, the alter coming to the front (fronting) can have different physical sensations, emotions, and behaviours compared to the previous alter. It can feel like suddenly becoming a different person, as the new alter may have their own unique personality and traits.

Various factors such as stress, powerful emotions, or specific situations can trigger switching. Sometimes, it happens naturally without any obvious reason. Individuals' life circumstances and coping mechanisms can influence the frequency and ease of switching.

Besides learning about DID, you will also learn more detail about Attention Deficit Hyperactivity Disorder (ADHD), as it co-exists with the interviewee. You will discover how the person affected by ADHD perceives the disorder and how it impacts their internal world. The narrative may introduce you to unfamiliar terms like executive dysfunction and time blindness, which are prevalent in ADHD. You’ll have a new perspective on “hyperactivity” from a first-person perspective.

So let’s begin our journey.

Henry West, multiple ages, Dissociative Identity Disorder(DID) with Attention Deficit Hyperactivity Disorder(ADHD)

Given that we had been seeing a psychiatrist for about a year prior to receiving a diagnosis, our diagnosis was likely unusual.

ALTER: Host- Arthur

A trauma psychiatrist was already treating me for an intense case of complex post-traumatic stress disorder (CPTSD). This meant I was already aware that I was severely traumatised. I learned about what DID was because, early on, I was already in trauma support groups and queer groups, where DID isn't that uncommon. However, neither I nor my psychiatrist jumped to the conclusion that I had DID.

Then one night, as I was trying to make a big purchase online while on a call with my best friend, a “little,” who had trauma around money and spending money, took over and started saying (in a mimicry of my voice) that I didn't want to buy it. Eventually, the "little" became stressed, began crying, and then abruptly left. Since my best friend heard it all, other alters didn't really try to put amnesia walls up, like when a front would usually get stolen. Now, the situation seemed much more plausible and genuine. So, I told my psychiatrist that I thought it was DID and explained what had happened.

He asked me questions about what kind of voice it was, what sensation I felt when I wasn't in control, and if I could think of an example from the past or recently. He was like, "It's definitely a strong possibility.” I returned home, and as soon as I arrived, our gatekeeper and caretaker at the time took charge and explained everything in detail. She looked through the articles and identified the roles in the system. She gave an explanation of the alters she was familiar with within the system. When I went to see my psychiatrist, she repeated the same thing. I’m not sure, since I wasn’t “there,” but I think a “little” fronted too for some time.

That was, in a sense, our diagnosis. It's pretty hard to deny. He began tracking us with the diagnosis in mind, and we've all been experiencing an increase in memories, as well as alters revealing themselves and providing more details about their lives. Now, it's undeniably clear that DID has been present from the beginning. I have no idea how we hid it for so long.

I think having severe dissociations and amnesia all my life made it hard for me to pick up on symptoms—or to describe them to medical staff. So even if I knew of the disorder, I didn't think it applied to me because I couldn't remember my symptoms. I can't hold my psychiatrist responsible for not recognizing my symptoms, but I still wish he had conducted a more thorough investigation into the severity of my derealization and amnesia. While it's true that C-PTSD triggers these symptoms, the severity and recurrence of my symptoms should have been a clear sign of DID, even without any mention of alters! I believe my psychiatrist had a deeper understanding of DID and many of its secondary symptoms, but he didn't perceive it as such.

However, since the diagnosis, I'm literally not the same person I used to be. I regained so many new memories, skills, life experiences, and output. My name, voice, appearance—everything changed. I believe it was a natural occurrence. I realised how exhausted we were trying to hide. I was experiencing severe depression and amnesia due to my constant triggers, which I couldn't pinpoint or understand.

I knew about the disorder. This meant that I could access resources and develop an internal approach. I still have a lot of thoughts and feelings about it. I haven't worked through it all yet.

ALTER: Primary Protector- Scorpion

I think originally, as a fictive, I was taking the diagnosis very badly. It's worth noting that I was in dormancy at the time of diagnosis. I came in afterward, and I'm still trying to unpack it all. It's been quite strange, as I've lived my life without much questioning. I was primarily internal and living in the headspace, doing things my own way.

Being so medically complex and realising that it's not "normal" can be quite disheartening. Since diagnosis, we've received a lot of help and useful tools, for which I'm still grateful. It's evident that I still have challenges to overcome.

When it came to familial support, at face value—with close relatives—everyone was pretty supportive. My father and mother bought books. Despite our lack of closeness, my brother has been keeping track of names and being accommodating. But, for my parents, it feels skin deep. My mother is very performative about it. She is not asking the right questions, despite being my primary abuser and bearing a significant amount of responsibility. My father is making a sincere effort, but he struggles to comprehend the situation. Or what it means (in practicality). He clearly struggles to reconcile the fact that we have been living this reality for our entire lives, regardless of how long he has known us. So sometimes he clings to the past, showing us pictures or trying to be like, "Look, this is you when you were truly yourself before the trauma. This is the real you, before the trauma.” And the picture clearly shows one specific alter that we can identify right away. Therefore, it's neither "us" nor "before the trauma." We keep repeating that, but it doesn't seem to stick. Our brother seems genuine, and he's talked to a few alters. We haven't had many problems so far.

My distant family doesn't know. My mother's side turned on me. I haven't told anyone about my father's side of the family. Half are known bigots, so I don't feel safe, and for the other part, some are gossip mongers, so if they tell the others again, I won’t feel safe.

What do you feel the general public misunderstands about the disorder, and how could it be addressed?

I think a lot of people, even in the medical field, see DID as "Oh! It's the one where there are multiple people," when multiple personalities are just a symptom. But it's a consequence of heavy dissociation and amnesia, or fragmented memory. In my day-to-day life, my disorder isn't that my body changes my voice and facial expression. It's struggling with amnesia, memories not being transferred between parts, dealing with trauma and emotional distress, and being unconscious every time there's an alter swap for an undetermined amount of time. Experiencing sporadic flashes or vertigo due to memory issues, feeling overburdened, and needing to coordinate and assist one another (as a system and community) can be incredibly taxing.

I think people focus on the different parts of it much more because that's the one they see. That kind of concerns them as observers. This, I believe, leads many people to assume that alters are delusions.

Seeing the disorder as one based around memory and dissociation might make it easier for people to see each part as, well, “sentient.” Each part has their own memories and life experiences, and they take on things instead of being an extension of the host.

(Scorpion) I'm just so sick of the "yourself" thing and people trying to evaluate the plural system from a single perspective. Even when people know we have DID, they don't adjust their language at all. So they say things like "yourself" or "the self,” "as the whole,” and "your body.” It's so frustrating and disrespectful. We are not one. We are not singular in any way. We're an ensemble, if anything, but a lot of people feel like they're trying to make DID fit into something that could resemble a singlet's narrative—simply because they don't want to do the work of adjusting their mindset to be able to conceptualise a life being plural. It's irritating and downright distressing.

And what makes it so much worse is when you're constantly lumped into this one entity. We see ourselves mostly as family and roommates. So, when you do actually see it that way, you can start understanding how it can be disrespectful if you treat brothers like they're the same, assume that they will have the same answer to your questions, have the same opinion, or agree with what the other said.

Why do you think you got DID?

(Arthur) It's a debated topic in our own system. However, based on my own recovered memory, we have identified an alter who was approximately 1 year old, and we have been able to reconstruct the events that led to her formation. We firmly believe that a physical assault formed her. And that she had this deep feeling that we were always going to be alone as our mother was there but didn't even notice.

Many of the traumas in our lives, particularly those most easily linked to alter fragmentation, heavily emphasise the sense of isolation and reliance on our own defences against aggression and abuse. Based on this observation, I believe that our brain instinctively responded, "If there's no one to help me, I guess I'll handle things myself." So we had to build our support ourselves: security, attention, love, comfort, care, trust, education, health accommodations, and a bunch of other stuff.

(Scorpion) I don't know. I know some alters I can look at and right away just feel that they were formed entirely due to trauma, that it's an alternative development that was shaken by trauma.

But with fictives, it always feels like a fated match. I've formed super, super young. I took on the role of caretaker even before our host was formed. Eventually, I made the decision to act as a protector for the host. I was just going about my own business, but when I met the host, I decided to take on the role of protector because we clicked immediately, and I didn't want him to suffer as much.

Then, I lived my own life and dealt with my own trauma without ever fragmenting. Eventually, it got bad, and I went into dormancy for a long time. But I've never fragmented, although I did fuse a bit. As weird as it is to say, I think part of it isn't trauma—at least for me. I feel like maybe our brain just couldn't be contained in one. There are just too many thoughts all the time. It's not just about trauma and intrusive thoughts, nor is it limited to existentialism. It's positive too—creativity and ideas in general. I know they monitored brain activity with DID and noticed that alters corresponded to different brain parts. And they discovered that, even in neurotypicals, the brain does have some parts that are asleep at certain times and active at others.

And it makes me think maybe that was a way to not overload the brain and organise it a bit better.

How frequently do the alters “front”?

Switching of fronts can vary widely, and most of the time we estimate it to be sort of right, but sometimes, out of nowhere, for no reason, a switch can take 20 minutes. Some switches can also occur unexpectedly and abruptly. On average, I'd estimate that a stable one could take about 2 minutes. If necessary, we can force a switch and have an instant one in a couple of seconds. But it tends to give us massive headaches, and we like giving an alter information before they get in front—to make sure they got memories and all. Therefore, we make a concerted effort to avoid such situations. We save it for when we're driving and someone is beginning to feel tired. Or we don't want to draw attention to ourselves, but we know we have to swap mid-conversation.

It is rarely due to triggers lately. It is generally by itself. An alter is either scheduled or lets us know (in co-consciousness) that they want to front. We discuss it, and then they do a switch, and there it is. If necessary, we can accelerate it using positive triggers, but in general, it's not required. We've taught everyone how to do it.

What are the ages of the alters, as well as their sexual orientation?

Arthur and I are both 23 years old, while the other primary adult alter in our system is approximately 30 years old, making it older than the body. We had one alter, who recently grew to adulthood at 18. Other than him, we have four teenagers, all of whom are around 15 years old. Some were formed as teenagers in the teenage years, and some are littles who grew up.

Littles range from 3 to 7-8 years. We have four at the moment.

Our youngest alter was a 1-year-old little, but they fused with two alters of diverging ages, so they're actually one of the teens now.

Sexuality is varied. The littles don't identify as anything in particular. Teens and adults, I'm pretty sure we all identify as aromantic; although some are interested in romantic relationships, just no attraction.

Some people identify as asexual, while others identify as grey asexual, meaning they fall on the asexuality spectrum. Then, when there's sexual attraction, it tends to be split between identifying as pansexual or bisexual. Some bisexuals have preferences for men (like Arthur), some for women.

Pronouns vary widely. Some are they/them. Some are she/her. Some are any. Some are he/him. I and Arthur are both he/him. I identify as agender, while Arthur identifies as non-binary yet male adjacent. We have a significant number of individuals who identify as gender-queer, and I believe that this may be the majority.

On the ADHD Aspect

(Primary Protector: Scorpion)

This case is similar to the previous one, which is not surprising. We went undiagnosed all our lives. People thought we were too mellow to be hyperactive. We experienced significant dissociation and depression, which led to the diagnosis of depression due to our inability to maintain focus. It's worth noting that the body's father is a psychiatrist specialising in children and ADHD. Therefore, we were already aware of the condition. We were aware of the symptoms. Our father informed us that when we were younger, he suspected we might have ADHD but ultimately classified it as depression. We were aware of this, but we believed that we didn't have ADHD. “We don't have it.”

But one day, Arthur caught an alter and was like, "Yeah, okay, so this one definitely has ADHD.”

We brought it up with our father, who got a test to check, and we told our psychiatrist. The psychiatrist was like, "Well, ADHD is one of those conditions where the medication only works if you have the disorder, so we'll be able to confirm pretty easily.” I was put on a low dosage, and it was noticeable right away. It was calming us down and making us more grounded and focused. Apparently, they're stimulants, so that's not normal if you don't have ADHD. Eventually, I got onto another one that works much better for us all. I think it's Ritalin. We still have a strong dosage, but less so, and it can last like 6–7 hours. Much, much better. It assists us in reading and makes it easier to voluntarily start hyper-focusing. It makes it easier to not get distracted, calms us, and mellows us out. It, however, does not help with executive dysfunction or time blindness. So that's a bummer, but I still (overall) like that it gives me a bit more control and that the medicine doesn't have dependency.

Because we were depressed, people didn't think we could have ADHD. We had DID, and some alters have stronger symptoms than others, so it was really hard to evaluate. We didn't ever get to show symptoms in childhood because we didn't really have one, which is when it's usually spotted. With the disorder, we seem to be experiencing particularly severe symptoms, including myself. I have total executive dysfunction. We all have strong time blindness, which only gets worse with dissociations.

How did you feel upon receiving your initial diagnosis?

So much RELIEF. So much. It's like everything in my life made sense. And the more I learn about ADHD, the more I'm like, "Holy sh*t." “This is changing my life!” We've all worked hard to adapt to it and live a life that fits the way our brain is wired. We are embracing the chaos.

But people just never realised how insanely different our brain and body works. Arthur, especially, internalised a lot of it and just was used (and other alters too) to completely deny our needs and push through a lot of things that were too hard, or would take too long, or he was too tired after a certain time. Because that was conditioned in him. For so long, we literally thought that we were purposely sabotaging ourselves, like when we tried to practice music because we couldn't commit to it despite really wanting to learn it. We even doubted our initial motivation.

Now we know we just have to do things differently. And follow a non-linear order in learning and adjust to executive dysfunction. But the result is still here; the talent is the same, and so is the motivation. Acceptance was always there, I think. The hardest thing was the anger and deception we felt when we realised we could have had that support since childhood if we'd been diagnosed earlier. We could have learned all those skills without internalising bad things about ourselves.

Can you explain what executive dysfunction “feels” like?

I'd try to explain executive dysfunction by saying that my brain does not look at things in a linear way, and that extends to everything. So, if I need or want to do something, for example, I need to take a shower. I will have the thought, "Oh, I need to take a shower," but my brain appears to be at a loss for what to do next. It knows I need to take a shower, and that is the objective, but it can't find the start of the action. Therefore, if I'm already in the shower and suddenly realise, "I need to take a shower," I would have no trouble simply reaching for the faucet and initiating the action. However, when a task involves more than two or three steps, my mind becomes disoriented, causing me to feel immobilised and unsure of how to proceed.

The only way to combat it tends to be another alter that takes front or influences me and gets the action started for me because their symptoms are a bit less bad, which is how we naturally developed it. Alternatively, I enumerate the steps in a much less co-dependent manner. Instead of saying, "I need to take a shower," I say, "I need to get up and grab my phone to listen to music." After completing that task, I proceed to walk upstairs to the bathroom and switch on the music. I then proceed to undress and take a shower, among other tasks.

Many people labelled me as lazy, unable to understand why I couldn't accomplish what I had promised or desired. They would question whether I genuinely wanted to do it, assuming that my lack of motivation was the reason. When it's just that, I cannot start. However, I don't encounter any issues when I'm in the middle of something. I tend to see it like knotted earphones. I can see the actual earphones I need to insert, but I know I need to untangle them to allow the noise to pass through, so I just stare at the knot. It appears large, disorganised, and daunting, and I fear that attempting to examine it further could exacerbate the situation. But as soon as I start untangling a little bit, I can see the cable behind it, pull on it, and then it kind of unravels and, suddenly, it's functional again.

And that applies to basically every task. The more familiar I become with a particular task, the easier it becomes to begin at a later time, as I can recall the initial steps I took. It's worth noting that my executive dysfunction was so stressful that throughout my life I developed a strong anxiety around doing tasks. As a result, I began to experience severe anxiety symptoms, and I continue to experience milder ones whenever I contemplate undertaking a task.

This can then set off a well-known cycle of procrastination, serving as a distraction from the anxiety and dread of the task at hand. Or intense self-loathing because you feel extremely inadequate—even when it seems something feels simple and that you know you want to do but just can't execute.

What is your experience with “Time Blindness”?

Time Blindness I'd describe it as a different perception and estimation of time. That’s a consequence of constantly navigating between low focus and hyperfocus. As Einstein said, “Time is relative.” When you're doing a task that's very boring, time feels very slow. When you're doing an engaging task you enjoy, it can go by really fast. Therefore, when neurotypicals are in a normal middle ground zone, where time remains relatively constant most of the time, they naturally develop the ability to track time in the background, taking into account factors such as daylight, smell, hunger, humidity, noise, and a variety of other factors. They estimate the duration of a day, which may not always be accurate, but they generally have a sense of its duration and can quantify it. How does 10 minutes, or an hour, feel? Or two hours? Or 30 seconds?

We don't have that. For instance, I could tell someone, "Let's play cards after I finish this; just give me 10 minutes." And then 10 minutes pass, and I'm like, "Okay, I'm done." And then I look at the clock. 1 hour or so went by, and the person left or fell asleep. I can burn pasta because I set a timer for 7 minutes, and it beeps. I'm in the middle of watching a YouTube video, so I go, "Yep, I'll let the person finish the sentence.” And then I hear weird noises, and it starts smelling burnt because all the water evaporates, as I apparently took much longer than a sentence (and this isn't hyperbole). This incident occurred just yesterday.

The reverse is true too. Sometimes, I'll decide to play a video game for an hour, and I'm like, "Alright, I've done a lot; this is feeling stale; I think I'll do something else," and I realise I only played 20 minutes. It can also have detrimental effects, such as putting me into a state of "waiting mode," where my brain mentally prepares to ensure I'm available and ready for my 7 p.m. appointment. No matter how early my appointment is, I find myself unable to do anything else, as my brain perceives that I will miss it if I take the time to go to the kitchen to refill my water bottle at 5:30 p.m.

Executive dysfunction and time blindness can be a challenging combination, as it can exacerbate the difficulty of starting a task when you are unsure of its duration or whether it requires a low or high "time commitment." This can sometimes lead to an overestimation of one's own abilities. Like, "Yeah. I can probably redecorate my bathroom. It'll take... 3 days." And then you spend the entire day painting one-quarter of a wall. Before you realise it, mathematically, it'll probably take two weeks, but you're already too far in to turn back."

It causes a sense of being rushed and constantly running out of time. It's just that we never understood time because we were trying to understand it in a way that is widely different from how we experience it.

Can you go a bit more into hyperactivity?

I believe that my hyperactivity will primarily manifest as irritability, as I don't typically exhibit such behaviour. So, it's quite noticeable when I suddenly become less patient and find things more frustrating.

Especially in conversation. People may be talking about something I legitimately care about. They are people I legitimately care about—their perspectives and opinions—but as soon as they start talking, I'm like, "Oh my god! Get to the point already.” “Holy sh*t, this is taking so long.”

I don't say it out loud, but I can get frustrated or aggravated, and people can pick up on it. I frequently interrupt others, assuming they've finished the conversation before they do, leading them to believe I don't care. It's much harder to socialise.

But basically, the best way to put it is: EVERYTHING feels like an infodump. No matter how small. I feel like people throw information or input at me en masse, and I just won't be able to understand or fully integrate it. So I need it to be as digestible as possible, or else there's no getting through. And the more I care, the more irritable I can, surprisingly, be—because the more I will feel deprived of that information.

This pertains to the social aspect, which I find to be the most noticeable and annoying. There are definitely others, because they span multiple aspects of my life. Speaking of which, I regularly have to use 1.25 speed for many tasks, especially on days when my hyperactivity is a bit worse, as I find it difficult to absorb information otherwise. Reading is, therefore, almost never doable for me, unless on my medication, because I have to read a text diagonally. And "skim through it.” This means I often have to read things multiple times to make sure I don't miss anything. I notice that if I force myself to read in a linear way, the irritability will grow, and I end up just hitting my head on a wall repeatedly. It's difficult to articulate, yet it's undoubtedly the most frustrating experience. If someone asked me to read an entire chapter of a book out loud, word by word, at an average reading speed, and my life depended on it, I would die. 100%. (Well, I would switch to an alter who can, but you get the gist of it.).

It also transforms into physical symptoms. I will feel like my skin is buzzing and becoming hot. Almost burning up. I need to release that energy somehow. If I try to stay still, from there, I will eventually feel like that energy is getting pulled through and ripping my skin. It's like the mildest and weirdest form of torture, but it kind of hurts. It's very uncomfortable, and, as you can imagine, those physical symptoms also increase the irritability.

The thing about hyperactivity that people often overlook is its potential for catastrophic crashes. And crashes are appropriate with the fast train metaphor. The train goes fast and never stops, and that's great, until it goes so fast that the wheels become wonky and topple over, or the wheels break and the train just slides on the rails. The energy is kaput. You're mad out of it. You simply want to relax on your couch, listen to a podcast, watch background shows, or immerse yourself in a video game. But basically, you're suddenly spoonless (in regards to the chronic illness spoon theory).

Even getting up to eat or thinking about doing anything is exhausting. The crash part is frequently used when people say someone with ADHD is "lazy." It's those moments of feeling completely drained and exhausted, and you can't do anything (especially if you also have executive dysfunction).

It's just that we need a lot of rest for our brains to recover. For someone with ADHD, rest does not always mean sleeping or napping. It can also be for hobbies and entertainment. So it doesn't always look good, or "appropriate," to the outside world.

What misconceptions do you think the public has about the disorder, and how might we address them?

I think, for all disorders, a lot of symptoms lack awareness. In particular, executive dysfunction and time blindness are often misunderstood by neurotypical individuals, who may not fully comprehend the meaning and experience of these symptoms. Alternatively, they believe that if a person receives medication, their condition remains "fine" and does not cause any disability. Which is untrue.

Recently, there has been a widespread assumption that people are faking ADHD due to increased transparency about the condition. And I don't deny it happens, but it really doesn't feel like it's such a huge epidemic. I think we're just seeing an increase in diagnoses because, for a long time, people thought ADHD was only present in children. Therefore, if you didn't receive a diagnosis as a child for any reason, people assumed you were neurotypical. However, individuals who received a diagnosis as children are now adults, sharing more candidly about their childhood experiences and the challenges they continue to face in adulthood. Then, suddenly, everyone realises, “Oh. Maybe it doesn't really go away, and maybe it's more common than we thought.”

I just think that for us, we were already dancing first before walking as babies, and we would tire our parents because we'd never get bored and fall asleep during building blocks. This likely indicates that it was a constant presence in our lives.

For everything, I think education is the answer. I think it's great that people are raising awareness about it. It is disheartening that so many individuals are subjected to the unwarranted labelling of "fake" by randos, yet they continue to perform their duties. It's pretty obvious that people being more open about it has led to a lot more people being able to recognize the symptoms and pursue a diagnosis and medication.

Putting things into perspective, decades ago, we were placing hyperactive children in special schools designated for children with "behavioural problems" or "delinquents." I am genuinely delighted about the significant progress society has made in addressing ADHD. So I can't be that mad, honestly.

Schizophrenia

What would come to mind if someone asked you to picture a “delusional” person?

People in ancient times believed that conditions like schizophrenia and mental illnesses in general were supernatural in origin, caused by evil spirits, demonic possession, punishment for sin, or similar spiritualist phenomena. In addition to exorcism, trepanation, a surgical procedure that involves drilling holes in the skull, served as an early remedy for such conditions, possibly to release the evil spirits or for other mysterious purposes. Despite the eventual discontinuation of the practice of trepanation, the prevalent belief that many mental illnesses and schizophrenia were fundamentally spiritual and moral issues persists globally.

A Swiss psychiatrist named Eugen Bleuler first used the term "schizophrenia" in 1908. It is derived from the Greek roots schizo (split) and phrene (mind). The intention was to depict the division of functions between personality, thinking, memory, and perception. Bleuler used this name to emphasise the mental confusion and fragmented thinking that people with the illness exhibit. He did not intend his term to suggest an actual split personality or multiple personalities. However, this confusion has become a common and rather entrenched myth regarding schizophrenia that continues to this day.

During the Nazi rule in Germany from 1933 to 1945, people with mental illnesses, including schizophrenia, faced significant discrimination and persecution. This dark period in history is essential to remember as we learn from the past and strive to ensure human rights and dignity for all.

In the early years of Nazi rule, the German government implemented a program known as "T4" (short for Tiergartenstraße 4, the address of the program's headquarters). The T4 program aimed to systematically exterminate those deemed "life unworthy of life," which included individuals with mental illnesses, physical disabilities, and other perceived "undesirable" traits.

The first victims targeted by the T4 program were individuals living in institutions, including psychiatric hospitals. The T4 program systematically murdered these vulnerable individuals through forced euthanasia. Medical personnel carried out mass killings using methods such as lethal injections and gas chambers. These atrocities resulted in the deaths of tens of thousands of people with mental illnesses and disabilities. As the T4 program continued, the criteria for "euthanasia" expanded, leading to the inclusion of individuals living in their communities. Families were encouraged to report relatives with mental illnesses, and medical professionals collaborated in the assessment and selection of victims for the program. The Nazi regime kept the T4 program secret from the general public and used deceptive language to justify their actions. They referred to the program as "mercy killings" or "euthanasia" to create the illusion that it was a humane measure.

During this time, people grossly misunderstood schizophrenia and other mental illnesses. The Nazi regime propagated the dangerous belief that mental illness was a form of hereditary degeneration that threatened the purity of the

Aryan race. Such unfounded and deeply harmful beliefs contributed to the horrific persecution of individuals with schizophrenia and other mental health conditions.

The Holocaust, which systematically murdered millions of Jews and other minorities in concentration and extermination camps, was a result of this same T4 program. The Nazi regime's brutal actions against people with mental illnesses serve as a harrowing reminder of the dangers of discrimination and prejudice in the name of ideology.

What is Schizophrenia?

Schizophrenia is a complex mental disorder that affects the way a person thinks, feels, and behaves. It usually starts to show up in late adolescence or early adulthood. While it's not very common, it is a serious condition that can significantly impact a person's life.

Schizophrenia patients may exhibit a variety of symptoms, which fall into three main categories:

Positive Symptoms: These are "extra" experiences that people with schizophrenia might have that most others don't. They can include hallucinations, which involve seeing, hearing, or feeling things that aren't really there. For example, someone with schizophrenia might hear voices when no one else does. They might also have delusions, which are strong beliefs that are not based on reality. These beliefs can be strange or even frightening, and the person may have a hard time understanding that they are not true.

Negative Symptoms: These symptoms are "missing" experiences that are usually part of a person's life. Negative symptoms can include a lack of motivation or interest in things they used to enjoy. People with schizophrenia may have difficulty expressing their emotions or showing facial expressions. They might also have trouble with their speech, making it hard for them to communicate clearly.

Cognitive Symptoms: These symptoms affect a person's thinking and memory. They may have trouble concentrating, paying attention, or remembering things. It can be challenging for them to organise their thoughts or make decisions.

We still don't fully understand the exact cause of schizophrenia.

Can Schizophrenia be “cured”?

Schizophrenia cannot be cured per se, but it can be treated and managed so that the person can lead a healthy life.

Treatment of schizophrenia involves a combination of medication, psychosocial interventions, and support services. The primary goal is to manage symptoms, improve overall functioning, and enhance the individual's quality of life.

Regular follow-up with a healthcare provider is essential to monitor the individual's response to medication, adjust dosages if needed, and address any side effects. In severe cases or during acute psychotic episodes, hospitalisation may be necessary for stabilisation and safety.

Psychosocial Interventions

Cognitive Behavioral Therapy (CBT) can help individuals with schizophrenia challenge and modify negative thought patterns, manage symptoms, and develop coping strategies for everyday challenges.

Family therapy, which involves family members in therapy, can improve communication and support, enhance understanding of the condition, and help manage potential family stressors.

Social skills training programs help individuals improve their social interactions, communication, and relationships with others.

Support for employment and job training can help individuals with schizophrenia achieve vocational goals and promote independence.

Support Services

Participation in community-based support groups and organisations can provide valuable peer support and a sense of belonging, while access to safe and stable housing is crucial for individuals with schizophrenia.

Individualised treatment for schizophrenia is crucial, with specific medications and interventions changing depending on the patient's symptoms, treatment response, and any pre-existing medical conditions. Medication adherence is critical for symptom management, and healthcare providers closely monitor individuals to ensure the best possible outcomes.

This interview will touch on the experiences of someone with schizophrenia. You will witness them describing what they “see” and "feel." We will conclude the interview with a collection of drawings and artwork shared by the interviewee.

Daniel Williams(aka Never There), 22 yrs., Schizophrenia

I had symptoms as early as my freshman year of high school. Throughout high school, I had an intense fear that told me not to tell anyone what I was experiencing. It was because I thought I was in contact with entities, and I remember having a strong feeling that they did not want anyone to know that I was talking to them.

The summer after I graduated high school, I told my mother I was seeing stuff. At first, my family was not sure what was going on. This was during the COVID lockdowns. A doctor evaluated me and administered several tests. Other doctors later changed the diagnosis from schizoaffective-depressive to schizophrenia.

The diagnosis would have occurred when I was 20 years old.

I received an autism diagnosis when I was young. Back in high school, it started out with paranoia: “They are all plotting against me.” I developed this suspicion about my peers due to my consistent lack of emotional expression. This is characterised by a lack of emotion on your face, a tendency to stare off into space or at a wall for hours while waiting for your family to pick you up from school, or an uncomfortable amount of eye contact, usually without blinking, during a conversation. So I was already the odd one out at school. I learned to look up at the sky, keeping my head up, because I didn’t want people to accuse me of looking at them. At school, there was an American flag, but the pledge was not allowed. However, I continued to recite the pledge, always keeping my head raised, despite the fact that it was against the rules. Kind of odd, in my opinion.

Anyway, the point is that I was paranoid. And it kept getting worse. Eventually, I would start shaking in class as if I were severely cold. Perhaps this was due to the intense, icy gaze that seemed to be piercing me from behind. One evening at home, I was walking from the kitchen to my bedroom with all the lights on when suddenly everything went black. I glimpsed what appeared to be an alien. He was tall, had long fingers, symbols for eyebrows, two tail-like things from the back of his head, and TWE 22888 carved on a bronze board welded to his forehead. He was very bright, and he looked like a drawing. He was just made up of bright lines, with parts of him looking more solid like the bronze board. He was also wearing some kind of breathing mask. I now occasionally refer to TWE as The

Messenger due to the numerous messages he would send me. These messages helped me make sense of the world. I mostly have visual hallucinations in the form of symbols. To figure out what these meant, I'd have to be a detective. I started writing them. Soon, I was writing all the time. I would write before class, and sometimes even during class. It was like the start of an addiction. I eventually got a hold of a pair of medical scissors. I would gently and meticulously carve symbols all over my arm, which I would hide by wearing long sleeves. Kids at school started to notice the writing. They came up with a list full of names. They were betting on who would be the next “school shooter." I found out my name was at the very top of that list. Consequently, I became a source of fear for everyone in high school. I went from a little weird to scary. They were unaware that I had sustained a gunshot wound to my face while attending second grade. A man, who appeared to have dementia, came to the elementary school and shot me in the face. Fortunately, the teachers talked him into putting his gun down. I have a bullet-shaped dent in both my jaw and mouth. I remember laughing really hard. I am one of those individuals who find it amusing to laugh when they are in pain.

Eventually, I started to see other entities. I saw the snake, the hummingbird, and the centipede. "Don't listen to the hummingbird. The hummingbird is Satan. The hummingbird tries to promise you all the incomprehensible stuff that will make your brain melt. The Hummingbird is all about escapism.” "Don't listen to the snake. The snake is another aspect of Satan. The snake instils fear and doubt, then suggests that you can feel safe by surrendering your power to him. The snake is about false light. Ahriman is the hummingbird, and Lucifer is the snake.” “Do not harm the centipede; he is my friend. The centipede is

Jesus. I saw the centipede, cut into three pieces, still moving. It was almost like I could hear him crying out to the father."

In high school, I experienced a condition known as body integrity dysphoria. I thought my left arm was alien. I thought it was evil and not a part of me. I wanted it gone. This was the arm I would carve. I didn't end up cutting it off, and I'm glad I didn't. I believe this issue affects too many people with mental illness, yet it remains unspoken. These days, doctors just want to give affirming care, not address the clear insanity of the patient's request. I also struggled a lot with negative symptoms. Dissociation was very common, especially dissociative amnesia. It's like not existing for a period of time. I might have moved, but I have absolutely no memory of it. Literally, in one second, I could be at a cafe, then at the gym.

At times, I would find myself missing hours of valuable time.

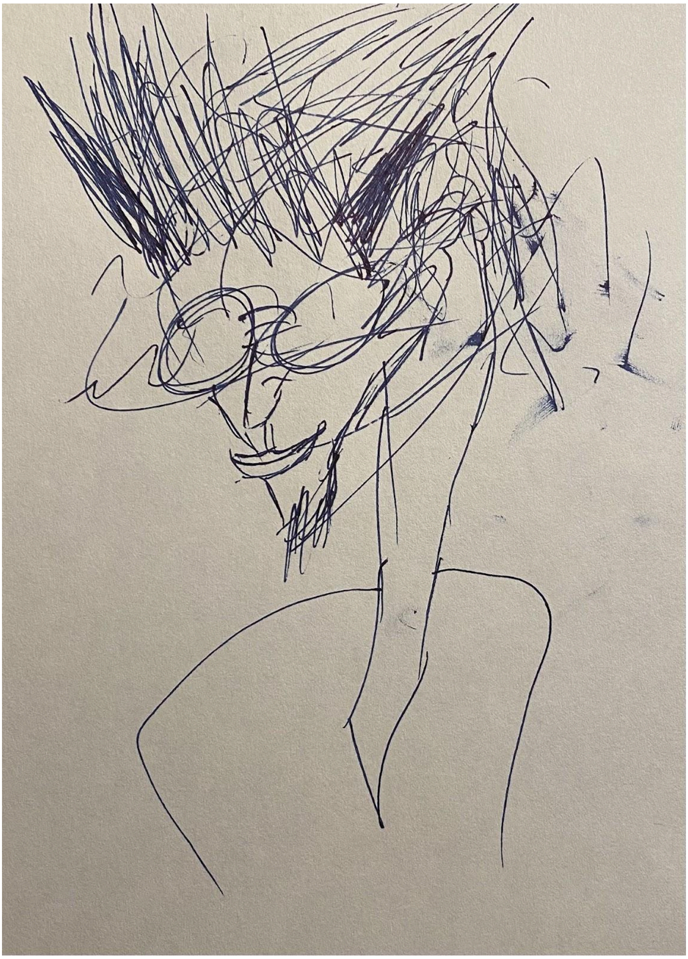
I was really struggling with unwanted thoughts around the time of my diagnosis. I thought they came from demons. They told me stuff like, “Kill your family at night and then set everything on fire.” A therapist told me that when someone gets a command like that in their head, it is usually the last thing they want to do. My therapist was correct. I did not want to cause anyone harm. Upon receiving my first diagnosis, I felt a sense of relief, believing it would signal the cessation of all intrusive thoughts. That feeling did change over time. I still struggle with intrusive thoughts. And I now miss being a part of something bigger than myself. I was going through a really bad time in my life during high school, and I started hallucinating the cross. Subsequently, I perceived blood, followed by a vision of Jesus donning blood-soaked robes. My illness inspired me to become a Christian and believe in God. I now realise that God works in mysterious ways. That has finally brought me to acceptance.

The first antipsychotic I was on had side effects. One of them was the fact that my muscles would stiffen. I was soon on the highest dose allowed for that antipsychotic, but I still had bad hallucinations. It appeared that my illness continued to worsen over time. Now that I'm on a different antipsychotic, my symptoms are rare and there are no side effects. However, schizophrenia has forever changed my life.

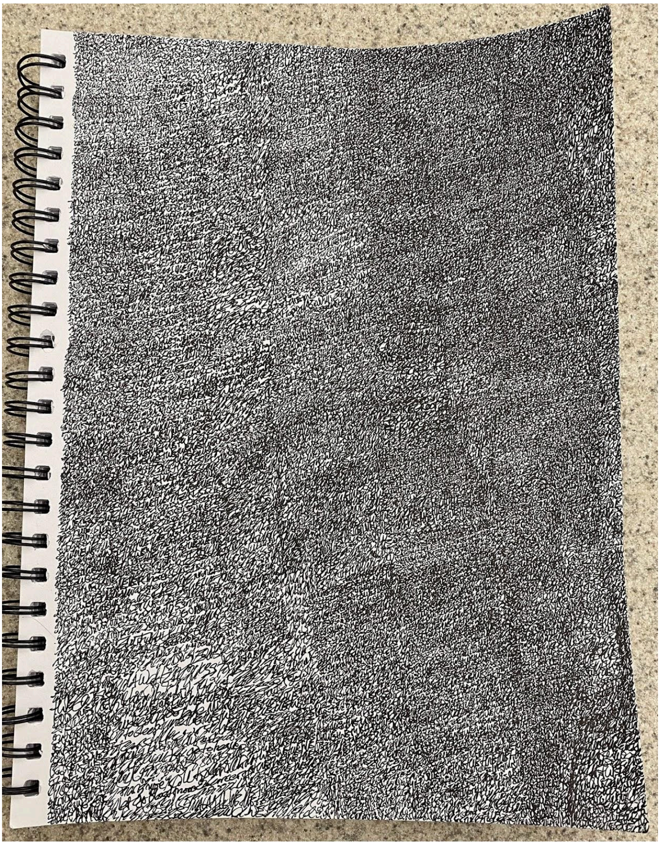
My family has been super supportive through all this. When I explain my art to them, they listen. The public doesn’t understand that people with schizophrenia and schizoaffective disorders are just people. We are not supervillains. We do not have special superpowers. Many times, we find ourselves lost, relying on our delusions to make sense of the world. As a result, most people with schizophrenia and schizoaffective disorder are victims of violent crimes.

“An angel called TWE 22888” - **Never There**

(Notice the letters TWE and 22888 in the artwork)

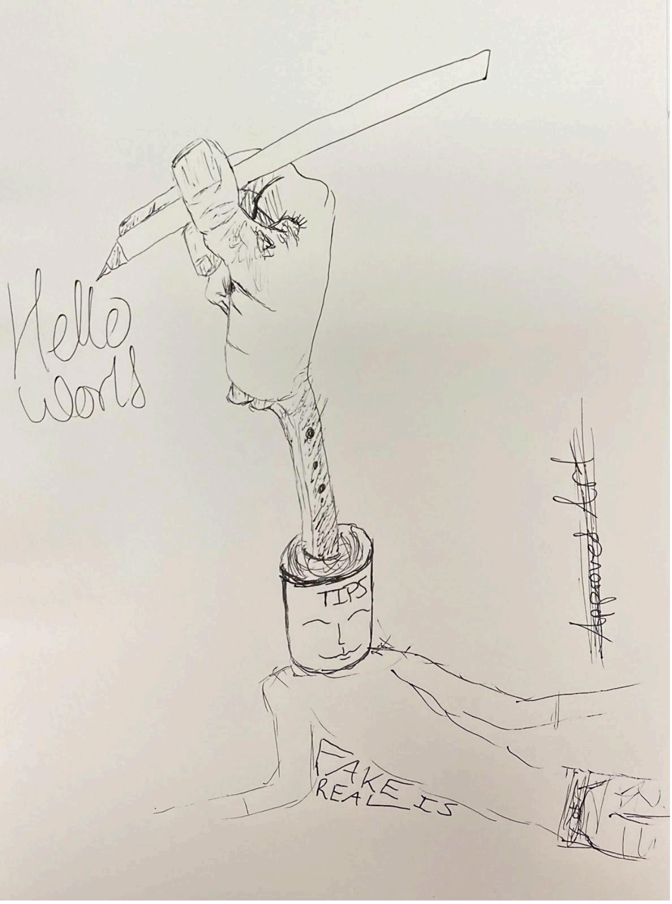


Never There



“This pen and paper was just me writing my thoughts and also symbols as they came and then went. You can see a lot of words in that one if you look really closely. One word I remember repeating at the top of the page was “fork” because I was hungry at the time. I also wrote “I am no good” and “I am not God.” I also wrote “We are Groot” because I really liked that line from the first Guardians of the Galaxy movie. But a lot of it only made sense as I was writing it. Most of it I could only read as I was writing it and I think that’s the point. It is something I do when I space out and I don’t always remember doing it.” -**Never There**

Never There



Never There

Bipolar Type 2

Let’s revisit Bipolar disorder and learn some more about it.

Before we delve further, let’s clarify a few things when it comes to Bipolar Disorder. You may have heard about “Mania” and Depression. You’ve probably heard that in mania, people feel extremely happy and cheerful, while depression is the opposite—a state of being upset and low energy. This simplistic understanding is insufficient to fully comprehend the life of an individual with Bipolar Disorder, so I will briefly discuss these aspects.

Mania is an intense state where individuals often feel excessively happy, excited, or irritable. They experience a surge of energy and a reduced need for sleep. However, mania isn't just about feeling good. It can involve a whirlwind of emotions, including agitation and restlessness. People may engage in risky behaviours, like spending sprees or making impulsive decisions, driven by a sense of invincibility and unrealistic grand ideas. Their thoughts might race, making it hard to focus on or follow conversations. Mania can severely disrupt daily life, often leading to strained relationships, financial troubles, and, in extreme cases, hospitalisation due to dangerous or self-destructive behaviour.

Hypomania is a milder form of mania. Individuals may feel unusually good, cheerful, or energetic, but these feelings are less extreme than in mania. There's an increase in activity and productivity, and people may feel more social and confident. However, hypomania can also cause discomfort. People may feel unusually restless or agitated and easily distracted. While risk-taking behaviour is less severe than mania, it can still lead to problems, such as making hasty decisions they later regret. Unlike mania, hypomania typically doesn’t disrupt daily life to the same extent and doesn’t require hospitalisation, but it is noticeable to others and can lead to significant challenges.

Both mania and hypomania involve a complex mix of positive and negative experiences. The elevated mood and increased energy can feel exhilarating but can also bring discomfort, poor decision-making, and strained relationships.

Veronica, 27 yrs., Bipolar 2

It took two sessions with a psychiatrist before I was originally diagnosed with cyclothymia. I was 22 back then. It’s been almost 4 years now.

For years, I thought I had borderline personality disorder (BPD), but my mom (who has a master's in behavioural psychology and has actively worked with people with BPD) always insisted that I did not have it. Nevertheless, from my late teens to my early 20s, I knew I had two "sides" of myself. Very distinct two whole sides. I think as a teenager, it was easy to write it off as puberty, and in my early 20s, it was easy to think I was just struggling with college. Well, after college, the mood swings didn't get better; they actually got worse.

So about 9 months after graduation, I was talking to a coworker one day at my first engineering job. He said that some days he has a lot of confidence and feels amazing, and other days he hates himself. I said, "That's depression, honey," and he said, "No, honey, it's bipolar." I went home that night and took a bunch of online quizzes that all said, "Yeah! You have bipolar." Later that night, I texted him to inquire about his diagnosis of bipolar disorder, the symptoms that led to his diagnosis, and the medication he was currently taking. We talked a bit, and he said that I probably should see a psychiatrist to make sure, because my symptoms sound pretty indicative of bipolar 2. He was off his lithium at the time, but said when he was on it, it helped a lot. So I called a psychiatrist’s office, and miraculously, they had an opening two weeks later. I went in and received my diagnosis within a month.

What was the Bipolar struggle like leading up to the diagnosis?

So in the months leading up to my diagnosis, I was really struggling with anxiety, panic attacks, and having an obsessive crush on a coworker. The anxiety absolutely killed my appetite. I lost 10 pounds in a month without trying. My depression came as low energy, and I used to sleep a lot. I would lose hope for the future, lose enjoyment in activities I usually enjoyed, feel like the worst employee ever, and feel useless and stupid. I felt like a fat, useless blob with nothing to offer, and I wouldn't care if I didn't wake up the next morning. At my worst, without medication, I would be actively suicidal, crying and gritting my teeth to get through each day.

My fiance was working in a different city, and he moved back in February 2019. I should have been happy. I was so devastated when he had to move for work. But when he got a job near our apartment and moved back in, I was so upset. I freaked out. I had panic attacks daily. I planned our breakup daily. I emphasise that he had not changed at all. He is a wonderful, kind, and patient person. He was very patient with me throughout my diagnosis and beyond. But before my diagnosis, I was really struggling, and the only person I could think of to blame was the one constant in my life—my fiance. He was the only constant factor in my life besides my job. In my hypomanic episodes, I knew something was wrong and had no idea what was causing it, so I started to blame my fiance. He's stable, he wants to stay in one place, and he didn't want to do destructive things like dip out of work for a week for a vacation that we can't afford. In my mind, I saw this as boring. I thought he was holding me back from being my true, exciting self. We had our wedding planned for September 2019. I called off the wedding due to cold feet and gave the ring back. But I didn't break up right away. A month later, I broke up with him.

I was freaking out because I didn't want to settle down. I wanted chaos. I wanted to quit my job and move to a completely different city. I wanted to pursue the crush I had on my coworker. I wanted to leave my entire life behind and just be a whole different person. Thankfully, in the week following the breakup, I realised he was not the problem; I was the problem. I asked him to take me back, and he did so without hesitation.

How did you feel after being finally diagnosed with Bipolar?

Getting a bipolar diagnosis was such a relief! To have an answer as to why I was struggling so much was such a relief. Knowing there were treatment options was such a relief. However, I was also devastated to learn that there was no cure for this condition. I was bitter that this was something I was going to have to manage for the rest of my life. And yet, I felt more complete. I felt like my behaviour and tendencies made much more sense. It was like finding the missing piece to a puzzle about who I was.

Since then, I've experienced a range of complex emotions related to the diagnosis over the years. It's been four years now. I'm so thankful for the diagnosis, because it means I can get treatment. At times, I've embraced it as something that makes me who I am in a positive way. I've struggled, because the hypomania, when treated with lamotrigine/lamictal, is not nearly as intense. I felt like the best version of myself during the intense hypomanic episodes, and losing that was really hard. It felt like I was losing my favourite parts of myself. I've felt angry because I'm going to struggle with this for my entire life, and there's nothing I can do about it except grit my teeth and weather the storm when needed.

What is your mindset now with respect to the disorder?

Currently, I am in a state of acceptance. Therapy has helped tremendously. My therapist has helped me shift my mindset from "My struggles are due to bipolar, and there's nothing I can do about it" to "These struggles are human, and bipolar does not make it impossible to overcome these struggles; it just means I have to incorporate different tools than other people to address these struggles". I now see bipolar as just something that makes me different, but not disabled or less able to be functional compared to neurotypical people. Also, finding a medicine combo that makes me stable has really helped me accept the disease. I'm highly functional thanks to medicine, therapy, and hard work. This helps me to accept and cope with my bipolar disorder. It's a part of me. It helps me become who I am, and I like being myself.

How did your family respond to your diagnosis?

My mom works in mental health, and she and my dad have been nothing short of amazing. They're incredibly supportive. My husband, the previously mentioned fiance who, thankfully, ended up working out, is truly amazing. The people around me are very understanding and supportive. I feel loved and seen.

What misconceptions do you think the public has about the disorder, and how might we address them?

I believe that the general public's understanding of my disorder is inadequate. I think the general understanding is that bipolar automatically means psychosis, necessary inpatient treatment, etc. I think there's an assumption that a lot of us are not high-functioning, that none of us can hold down a job for very long, that we're unstable all of the time, that we're abusive partners, and all that jazz. And honestly, the best way to address it in the short term is to speak about it openly. I developed a reputation as an asset at work. People respect me, like me, and recognize me as an intelligent and capable worker. Once I developed that reputation, I started talking openly about my bipolar disorder. I just drop it into a conversation. And I think that's important. It's critical to put a functional face on this disease. We are here, we are bipolar, and we are just as valuable and intelligent as our neurotypical counterparts.

Bipolar Disorder Type 1

We have already seen two cases of bipolar disorder. Did you notice that we referred to one case as Bipolar type 1 and the other as Bipolar type 2?

Indeed, bipolar disorder can manifest in various ways.

Manic episodes, lasting at least seven days or requiring immediate hospitalisation, are the hallmark of Bipolar I Disorder. During a manic episode, individuals often feel excessively happy, energetic, or irritable. However, mania isn't just about feeling good; it can involve a mix of exhilarating and uncomfortable emotions. People may experience extreme agitation, restlessness, and irritability. They might engage in risky behaviours, such as impulsive spending, unsafe sex, or reckless driving, driven by an inflated sense of invincibility and grandiose plans. Thought processes can become rapid and chaotic, making it difficult to concentrate or communicate effectively. These episodes can severely disrupt daily life, leading to strained relationships, job loss, and financial difficulties. The depressive episodes in Bipolar I are equally intense, characterised by profound sadness, hopelessness, and a lack of energy or interest in activities once enjoyed. These episodes can be debilitating, leading to significant impairment in social and occupational functioning.

Bipolar II Disorder involves a pattern of depressive episodes and hypomanic episodes that are less severe than the full-blown manic episodes of Bipolar I. Hypomania includes elevated mood and increased activity or energy, but the symptoms are less extreme and typically do not cause severe disruptions in daily life. However, hypomania can still be uncomfortable, with individuals experiencing restlessness, irritability, and distractibility. The depressive episodes in Bipolar II are often more frequent and can be profoundly disabling, similar to those in Bipolar I. These periods of deep depression can lead to overwhelming feelings of worthlessness and guilt, significant fatigue, and difficulty concentrating.

Cyclothymic Disorder is a milder form of bipolar disorder, involving numerous periods of hypomanic and depressive symptoms that last for at least two years (one year in children and adolescents). The symptoms are not severe enough to meet the criteria for hypomanic or depressive episodes, but they still cause significant emotional distress and challenges in daily functioning.

Understanding these distinctions is crucial for accurate diagnosis and effective treatment. Recognising the spectrum of bipolar disorder helps in managing the condition and supporting individuals to lead fulfilling lives despite the challenges posed by their mood swings.

Angela Price, 20 yrs., Bipolar 1

When I was 15 years old, I had important exams coming up. I'd started to struggle with anxiety and a low mood. Because of this, my grades had fallen dramatically. I went from being an A student to barely pulling D grades. This all started in September 2017. By January 2018, I had sought help. I was referred to CAMHS (Child and Adolescent Mental Health Services). By this point, I was feeling suicidal.

I remember standing in my bathroom contemplating ending it all. My mother invited me out to lunch with my stepfather. Reluctantly, I decided to go. As I sat in the cafe, I noticed that the sun was shining. It was like a switch had gone off in my head. I stopped being depressed. I started to see synchronising numbers and believed that angels were sending me messages through times on the clock. This would be my first manic episode.

I would stay up into the early hours of the morning to study for my exams. I was running on 3 hours of sleep every night. I took a shower one night and could hear my name being chanted. These, I thought, were my spirit guides, cheering me on. During my biology exam, I saw a flash of red light. In my psychotic mind, I believed it was the archangel Uriel, the archangel of wisdom. Then Stephen Hawking died, and I believed that God had killed him so that I could take his place. That’s how grandiose I was. But eventually, mania would subside to depression again.

When I collected my exam results in April 2018, I was shocked to see that I had gotten two A's—one in chemistry and one in biology.

Because I was depressed again, I thought I was bound to fail my exams. Then in May, just as my physics exam was coming up, I cycled into mania again. It was the most riveting experience of my life. I was walking through a public park, and I could feel the life force of the trees and plants flowing into me. CAMHS had suggested that I go on walks to help my mental health, so I obliged. On one walk by the sea, I managed to harness its power. I was in awe and in a state of pure bliss. But alas, I cycled back into depression after my physics exam and my first round of GCSEs (General Certificate of Secondary Education) were complete. In a horrific depression, I spent the summer in a horrific depression that saw me write letters to each family member to tell them how much I loved them in the event of my suicide, which I saw as inevitable.

A few weeks later, I would be so manic that I scared people away. I would talk really loudly and quickly, which made people think that I was using illicit substances. I was also very irritable. I ended up climbing out of my bathroom window onto the conservatory roof. I stood there screaming, not sure what was wrong with me. A neighbour was shouting at me, asking, “Are you okay?”. I could not reply to him. All I could do was scream at the top of my lungs, hyperventilating and panicking. My cousin pulled me off the conservatory roof. I sat in the sitting room, waiting for the police to come. And that’s when I saw two armoured vehicles pull up and four police officers running down the street. I’ll never forget the date that this happened: October 14th, 2018. The police managed to de-escalate me, and after a few hours, they left. Everyone else went to bed, but I stayed up the whole night dancing. After this incident, my psychiatrist told me that I had a “manic-like episode” and “mood instability.”

How did they diagnose it, and what was your age at the time?

It was February 2019, just a year after my first manic episode. My psychiatrist asked me a lot of questions. He then said, “Have you heard of bipolar disorder?” I was only 16 and absolutely petrified. It felt like somebody had poured a kettle of boiling water on me as my skin burned due to the fear I felt. They decided to begin my treatment for bipolar disorder. It wasn’t a formal diagnosis I received that day; it was more of a provisional diagnosis. But still, I had to come to grips with the fact that I might, indeed, have bipolar disorder. I lay in bed in shock for the next few weeks. But then I watched some documentaries that Stephen Fry had made about bipolar disorder, and I felt much less alone. I felt like there was finally hope. And now I had a name for what I’d been experiencing. Despite receiving treatment for bipolar disorder since I was 16, my "official" diagnosis came at the age of 19. CAMHS is reluctant to diagnose children with lifelong mental disorders, which is why I didn't receive an official diagnosis of bipolar disorder until I was 16. They’re also aware that not every patient will get a good diagnosis. My psychiatrist only made the diagnosis after personally witnessing my manic episodes. I think it should be mandatory for psychiatrists to screen for bipolar disorder at the first appointment, so that what happened to me never happens to anyone else. Psychiatrists should be more aware of the potential risks of inducing an affective switch when initiating SSRI (selective serotonin reuptake inhibitors, a class of drugs typically used as antidepressants in the treatment of major depressive disorder, anxiety disorders, and other psychological conditions) treatment.

Given your early diagnosis, how has the disorder impacted your life?

Bipolar disorder has affected my education massively. Because I was suffering from severe mental health issues, my school wouldn’t let me back until I had a risk assessment completed. They really dragged their feet getting this risk assessment done, which meant that I couldn’t complete the coursework for two GCSEs and failed them. I had to drop another one of my GCSEs. I had high expectations for all my GCSEs, and this setback was disheartening. Since I missed out on so much school, I had to teach myself the exam material from home. I got an A in every single exam I took, despite being self-taught. I'm not saying this to be narcissistic; rather, it *speaks to my will to succeed*. However, following my GCSEs, I felt compelled to pursue my A-level studies. I've attempted to do my A-levels several times, but I always drop out because of the symptoms of my bipolar disorder. I'm now 20 and approaching 21, and I should be in medical school by now. I would be in medical school by now if it weren’t for my bipolar disorder. I see my peers in university, and while I’m happy for them, I feel as though I’ve wasted my potential. It’s sad. But I’m aiming to do my A-levels this year. I will never stop trying.

How has family support been for you?

My parents have been very supportive through all of this, and they have attended my mental health appointments. Both of my parents take antidepressants, and my paternal grandmother had to have ECT in the past. So, when it came to my mental health, there was no shame involved.

What do you think the general public should understand better about Bipolar disorder?

I feel like people completely misunderstand bipolar disorder. They think that bipolar disorder means that your moods change from being happy to sad on a daily basis. In reality, the mood episodes in bipolar disorder drag on for weeks or months. Because they continue for so long, I often feel "trapped" in my mood episodes, wondering when they're going to end. Bipolar disorder isn’t about being happy or sad. It’s mania, depression, and psychosis in those extreme highs and lows. When your mood shifts, it feels like you've entered a different realm. That’s how extreme the mood changes are—you're no longer on planet Earth.

It would be much better (for us) if the general public understood that we cannot control our mood episodes in the same way that a person with epilepsy cannot control their seizures. This is why we need medication. The medication prescribed to us often has some pretty gnarly side effects. Why would we risk having to put up with these side effects if we didn’t need our medication? I would like the general public to have more knowledge about the medications we take, just so that they understand how much we sacrifice to have a normal life. I believe every school should teach mental health classes, just as they teach nutrition. This will help the public become more health-literate.

Bipolar disorder with borderline accentuation

We’ve already seen cases of Bipolar disorder, but what happens when bipolar disorder comes together with another psychiatric illness?

Bipolar disorder with borderline accentuation refers to individuals diagnosed with bipolar disorder who also exhibit significant traits or symptoms characteristic of borderline personality disorder (BPD). This overlap can complicate diagnosis and treatment due to the intertwined nature of features in both conditions.

Borderline personality disorder (BPD) is a mental health condition characterised by pervasive instability in moods, behaviour, self-image, and functioning. People with BPD often experience intense emotional ups and downs, leading to impulsive behaviours and challenges in relationships. For instance, someone with BPD might engage in reckless driving, binge eating, substance abuse, or self-harm during periods of emotional distress. They may also struggle with feelings of emptiness, have intense and stormy relationships, and experience frequent mood swings that can shift rapidly, sometimes within hours or minutes.

Differentiating BPD from bipolar disorder involves understanding the nature and duration of mood changes. Bipolar disorder primarily features episodic mood changes, such as manic or hypomanic episodes characterised by elevated mood, high energy, and decreased need for sleep, followed by depressive episodes marked by sadness, lethargy, and feelings of hopelessness. These episodes typically last for days, weeks, or months, contrasting with the more rapid mood shifts seen in BPD.

In contrast, BPD symptoms manifest as impulsive actions, intense and unstable relationships, and an unstable sense of self. For example, someone with BPD might impulsively spend large sums of money during a manic phase, struggle with frequent arguments and conflicts in relationships due to emotional sensitivity, or experience sudden shifts in career goals or life plans. Interpersonal stressors often trigger these behaviours and emotional responses, leading to significant distress and impairment in daily functioning.

When individuals exhibit "bipolar with borderline accentuation," they display the characteristic mood episodes of bipolar disorder alongside the emotional instability, impulsivity, and relationship difficulties commonly associated with BPD. It's important to understand this combination in order to come up with a complete treatment plan. Mood stabilisers or antipsychotic drugs may be used to help with bipolar symptoms, and dialectical behaviour therapy (DBT) may be used to help with BPD symptoms and improve emotion regulation and social skills.

Katarzyna Nowak, 24 yrs., Bipolar type 2 with borderline accentuation

My diagnoses are Bipolar II (currently rapid cycling), borderline accentuation (meaning that they both affect each other and the borderline traits surface together with some episodes and strengthen the emotions or cause ups or downs even when I'm not depressed or hypomanic), and I'm lightly on the PTSD spectrum (20 points out of 51, tested by my psychiatrist).

Even though I can't pinpoint the exact beginning of my illness, I can't help but feel that it was, in a subtle way, always present. I've heard that the development of mental illnesses and personality disorders is a result of both nature and nurture rather than occurring separately, as individuals X and Y may experience the same experiences but react in completely different ways. One will develop an illness and the other won't, or they'll be very lightly on the spectrum while the other one will be very far on the spectrum. I perceive myself as a highly sensitive and emotional child who frequently faced ridicule at school, initially due to my appearance and later due to my emotional responses to the taunts and remarks. My emotions were always exploding with sadness, despair, anger, or fear, while other children seemed to be less bothered and more stable. But maybe it's not fully correct; that's just how I see things.

For example, when I was 4 or 5 years old, I had a playground friend who was older than me. One day, she said she would be right back and left. Some time passed, and I was wondering where she went. I looked for her a bit and saw her from a distance talking to other girls, and I immediately felt super betrayed, overwhelmed with sadness, despair, and fear. I cried so much that I got a nosebleed and broke contact with her because I felt like if she has other friends, it automatically means she rejected me. This was actually a pattern of thought I showed far into my older childhood, and I think I stopped feeling like this when I broke up with my ex two years ago and decided to get therapy and change myself. It vanished, and I don't feel this way anymore.

Except for that, I also always heard from my parents that I was not an easy child because of how emotionally challenging I was at home. I was never the type of child who got into trouble, used drugs, or sneaked out of the house. I also can't speak for their exact view of me and how they saw me as "emotionally challenging" because it's not my point of view, but that's just what I always heard. Now, for context, I was bullied at school all my childhood and teenage years and was also mentally and physically abused at home. I also experienced sexual harassment twice at school, which undoubtedly contributed to my extreme reactivity, introversion, depression, and insecurity from the age of nine onwards. I never had friends because I spent my entire life—literally, until just two days ago—being invisible without even realising it.

As I just mentioned, my journey with depression started very early. I was never officially diagnosed, medicated, or had therapy for it, but I feel like with depression, it's like having a cold; no one needs a doctor to tell them they have a cold. When you are depressed, you just know. At least after some time. It started with being detached from my reality, not in a dissociative way, but just wishing to live a different life and identity and daydreaming about it daily. Having thoughts and fantasies of murdering and terrorising all my bullies (yes, age 9), being very closed off and melancholic, and not a cheerful child. I was also not going out and not really doing much except chatting with people from other countries, learning some foreign languages, and drawing.

And how were your teenage years?

As a teen, it just spiralled, and I lost the ability to identify or feel my feelings. Ironically, even this void of nothingness was an overwhelming feeling. (Feeling nothing was painful and overwhelming.) Being sad all the time, constantly wishing I could just die, having images in my head of how I throw myself under a vehicle or cut my own throat open, etc., glamorising sadness and depression, feeling some weird sense of comfort in it because it was so known. It doesn't mean I didn't have nice days or was never happy. It was more like sometimes I could have a good day where I was very cheerful, upbeat, and loud, but as soon as I would go back home, it instantly meant returning to the despair, suffering, and crying every night. I started cutting myself when I was 13, and it came as a surprise how often I did that. The abuse at home worsened over time, leading to a significant increase in my anger, even when I wasn't aware of it. It felt as though my anger was radiating outward, visible to others but invisible to me. It made me very reactive, and when my parents gave an object of my possession to someone else without asking me for consent first, I literally would fall into fits of rage and pick up a whole-ass armchair and throw it across the room, screaming and offending them. Eventually, I began retaliating with punches for every blow I received. I would disobey more and more. But that's because I felt so hurt, misunderstood, alone, unloved, and like a burden.

Mid-2017 I experienced my very first hypomania. I recall trying to read multiple articles simultaneously while on a bus, but I was unable to finish even one because I was too impatient to read more than two sentences at a time. I became extremely frustrated and overwhelmed by this unusual surge of thoughts. I kept coming up with new ideas and questions that I wanted to research, but as I mentioned earlier, I wanted to do it all immediately. I don't remember anything else about that state or time period, so I can't tell you if there were warning symptoms or how I behaved afterwards. I just remember that I found it very strange and never knew how to name this state. I never forgot about it, but it remained buried in my mind. The next episode occurred in November 2019, when I was attending a newly established "high school" for adults and actively seeking friendships. I guess it wasn't anything unusual, but then one day I slept very little. Despite not having consumed any coffee or anything else, I arrived at school at 8 a.m. with a high level of energy and enthusiasm. I recall laughing uncontrollably and exaggeratedly at seemingly unfunny situations, speaking quickly, and sometimes mispronouncing words due to my rapid speech. I also recall people staring at me with a strange expression, prompting me to ask myself, "Why can't I stop?" I don't recall the remainder of the day or the days that preceded it; all I know is that shortly after, I had another typical social day. Upon returning home, I broke down in tears, feeling utterly exhausted, overwhelmed, and sad. From that day on, I resolved to cease my attempts at socialising. It felt so pointless and exhausting. I became depressed and weak.

What was it like in the days leading up to and after your diagnosis?

On May 17th, I came to the clinic I am at to get all my diagnoses clarified (borderline? Major depressive disorder? ADHD? Bipolar?) It turned out to be bipolar II, rapid cycling, borderline accentuation, and mild PTSD spectrum, but not enough to be classified as a separate diagnosis. I received the diagnosis just days before my 24th birthday, so yes, I am now 24 years old. I felt like a huge fraud and was extremely anxious, fearing that I was secretly a hypochondriac, that I was exaggerating my symptoms, or that I had imagined them all. But I told myself I needed to trust the doctors. I needed to stop trying to diagnose myself or deny my diagnosis. I needed to trust that, through their wisdom and experience, they knew what my real illness was, and somehow it really helped. They started me on Lamotrigine and gradually increased the dosage each week. Initially, they intended to maintain my dose at 100 mg, but after discussing my experiences over the past two weeks, particularly the weekend, they decided to gradually increase it to 125 or 150 mg, but not higher. My experience with Lamotrigine was quite good, so we decided to stay on it, at least for now. I don't experience depression anymore, which, as you read, was always the main symptom (firstly constant, then episodic but very long, returning every 1-2 months at best, then getting even shorter but worse, hypomanias first appearing every 1–1.5 years, and then more and more often). Now it's just hypomanias (euphoric or exhausting, or those very, very irritable, impatient, and negative hypomanias).

How do you feel now that you've received a diagnosis and treatment?

It makes me really question emotionality in itself. Is this the constant emotional state of normal people? Is this the reason why normal people can be mad but still behave themselves, not make mean facial expressions or say rude things? It feels so boring, empty, and uninteresting to experience life this way. I missed my emotions; I felt like a part of me was taken away, and I needed to grieve them. My boyfriend said that maybe my feelings are like one of these things that harm you, but you don't know about them. Then that thing is taken away, and you think you miss it, but actually you are better off without it. It makes sense to some extent because, yes, it was extremely difficult to be depressed. When I was depressed, I experienced a squeezing sensation and extreme pain throughout my entire body, including my brain. Or feeling this debilitating anxiety. I feel like I'd rather be dead than experience this again and again. I feel like I can't really be happy when depression is in remission because I know soon I'm going to crash again. I believe that I bear responsibility for the fluctuations in my mood. I was fearful of triggers because I knew they could lead to another episode of depression.

I really appreciate the doctor because he's the psychiatrist who didn't give me a diagnosis after 5 minutes and a tiny questionnaire. He really took time to talk to me, interview me, read all the pages with explanations and examples of hypomania, etc. to give me a diagnosis, choose the best treatment option, and explain stuff to me as well. So I really trust him.

Schizoaffective Disorder

How would your life change if you had to manage the complexities of both psychosis and severe mood swings?

Schizoaffective disorder is a mental health condition that includes symptoms of both schizophrenia and mood disorders (like bipolar disorder or depression). It's like a combination of the two, but it's not the same as either one on its own.

Schizophrenia is primarily a disorder where people experience symptoms like hallucinations (seeing or hearing things that aren’t there) and delusions (strongly held false beliefs). These symptoms make it hard to think clearly, manage emotions, and relate to others.

Bipolar disorder is characterised by extreme mood swings. People with bipolar disorder have episodes of mania (very high energy, euphoria, or irritability) and depression (deep sadness and low energy).

Schizoaffective disorder includes symptoms of both conditions. A person with schizoaffective disorder might have hallucinations or delusions like in schizophrenia, but they also experience significant mood episodes similar to bipolar disorder or major depression. It's like having both sets of symptoms, which makes it unique and requires a different approach to treatment.

Keep reading to understand how this combination of disorders affects someone’s life.

Andrew Williams, 26 yrs., Schizoaffective, bipolar type

I was in an arguably abusive marriage. My ex-wife has borderline personality disorder (BPD) with very transient and mild hallucinations, as well as severe dissociation. She would spend days lying on the couch without making any eye contact, and when she returned, she would be yelling or screaming about something I had done. She would cut herself and say that I made her do it. Early on in the relationship, she lied about birth control, panicked, and got an abortion. Years later, her family found out, and she told them and my family that I made her do it. That led to a divorce, and I had to move back home a week before my 24th birthday. So that whole thing was likely the environmental trigger that jump-started the whole thing.

Over the course of about two weeks, I began experiencing severe derealization. The derealization intensified and persisted for a considerable amount of time. At that time, I had a job interview for a job in the architecture industry, for which I went to college for 7 years. This was just before graduate school started. I still don't know how I managed to maintain a job and pass school while dealing with schizophrenia and a divorce, but I did.

I started having serious issues concentrating, and my head became very noisy with arguing voices and narration, which I later learned were hallucinations. However, I was unaware of this at the time, as I was already experiencing delusions. The delusion was so severe that my mind was frantically searching for any plausible explanation. I grew up very religious, so my mind eventually settled on “I was chosen for something." Then I figured I would just start my own religion with what I believed to be the truth about God. Over about a year, the delusion turned into “God put me in an alternate dimension (this explained the derealization and fear) to train me to become emperor of the west after the collapse of the United States”.

This was during the 2020 race riots, when people were extremely violent. At the time, I was living in Minneapolis, just a few miles away from ground zero. For days, I could see the orange glow from the fires reflecting off the clouds, and I could smell the smoke. I went out and bought a few guns in case the riots came to my neighbourhood or if they decided to turn on residential areas again (like when they burned down that apartment building, killing some people inside). The situation did not alleviate my paranoia in any way.

Shortly after this time, when everything had died down, my then-wife and I moved to a different house in an adjacent neighbourhood. This is when the hypergraphia started. Hypergraphia is a form of disorganised thinking in which people write for hours each day, often about circumstantial and loosely related, or unrelated (but feels related) topics. Everything felt like a “piece of the puzzle." I jotted down every thought I had, littering my room with Post-its and regularly writing essays in OneNote. When I was unable to take care of my wife, who wouldn’t even get off the couch to go grocery shopping, she left me. I know that my developing disorder had something to do with it, but so did her BPD, which manifested very selfishly. Previously, I harboured a great deal of empathy for individuals grappling with that disorder, and to some degree, I still do. However, the years of caring for someone with this disorder, who was violent, verbally abusive, self-harming, dissociative, and disseminated rumours about "loved" ones, have turned me away from it. She definitely had some antisocial personality disorder mixed in there, too. I want to be clear: my opinion is biassed, but I genuinely care about people with BPD and hope they receive the treatment they deserve. Although BPD can cause people to behave in a negative manner, I don't believe this implies that they are inherently bad individuals. My then-wife was suffering severely, but I just could not take care of her anymore with my developing disorder.

Following a breakup and my return home, I received a diagnosis of schizotypal personality disorder (STPD), which explained many aspects of my childhood. It's essentially a prodromal phase of schizophrenia that, in a select few individuals, can transform into schizophrenia, typically but not always, in response to an environmental trigger. Some people just lose the genetic lottery and develop schizophrenia anyway, but in my case, there was a trigger.

My therapist decided to treat me for anxiety and depression, but that treatment went nowhere after a couple of years. After her retirement, I found a new therapist who had completed his PhD in schizophrenia and schizoaffective disorder. Within a month, he diagnosed me with moderate to severe schizophrenia, while also acknowledging that I had suffered from PTSD as a child. We conducted a deeper investigation and discovered that, in addition to depressive episodes, there had also been a couple of manic episodes in the past, which began approximately a year and a half after the onset of the schizophrenia. He diagnosed me with schizoaffective bipolar disorder. I asked him if it was less severe than schizophrenia, and he told me that for a few factors, mostly the shorter time required to get a diagnosis (schizoaffective requires two weeks of psychosis outside of a mood episode, while schizophrenia requires a whole month of psychosis with at least six months of otherwise debilitating symptoms). He told me that in my case, it was not less severe than schizophrenia because I had most symptoms of both schizophrenia and bipolar disorder separately.

What was your treatment like, and how did it improve your condition?

First, they put me on Invega, an atypical antipsychotic and the only drug FDA-approved specifically for schizoaffective disorder. It helped stop "God" from talking to me and filling my head with various religious and paranoid delusions. Unfortunately, it destroyed my sleep cycle, made me gain weight, and gave me a racing heart. I was very foggy in my head and couldn't think. The negative symptoms, like flat affect and anhedonia, got ten times worse.

After two months, I switched from that drug to Latuda, another atypical antipsychotic, but I had to stop taking it due to severe akathisia. Additionally, the monthly cost of Latuda was unsustainable at $90. Lamotrigine significantly improved my mood. I am so thankful for this medication; I believe it quite literally saved my life. I was very suicidal around this time, but the lamotrigine cleared that up for the most part. They also prescribed Rexulti 1 mg, another atypical antipsychotic, but it didn't significantly improve my condition. We increased it to 3 mg, and this has significantly improved my condition. I rarely hallucinate, am only a little paranoid, can think mostly straight, etc. The only side effect I noticed was weight gain, but thanks to a very careful diet and lots of exercise (I like to lift and mountain bike), I was able to lose weight.

These days, I still have some symptoms. There is still some mild but noticeable derealization, some hallucinations here and there, some disorganised thoughts, and plenty of negative symptoms. However, I'm managing my architecture job and am close to licensure. I get out on the mountain bike regularly, and I got a lot of my old friends back that I had isolated myself from for so long. I’m very thankful for that. My personality has come back somewhat. I'll never fully recover, but this is a common occurrence with schizophrenia and related disorders. It’s a life changer for sure, and I sometimes grieve the old life and mind that I had. My Yorkie helps me through it; he's the only thing I took from the divorce. My ex owns the house, all the furniture and technology, and both cars. I kind of ran out of there in an emergency situation, so I didn’t have the opportunity to get stuff. I’m terrified though; he’s 16 years old, and I fully expect the weeks leading up to his being put down, probably in the next year or two. I can assure you that it will be the most difficult day of my life, and I have experienced some truly tough days. I love the sh*t out of that dog.

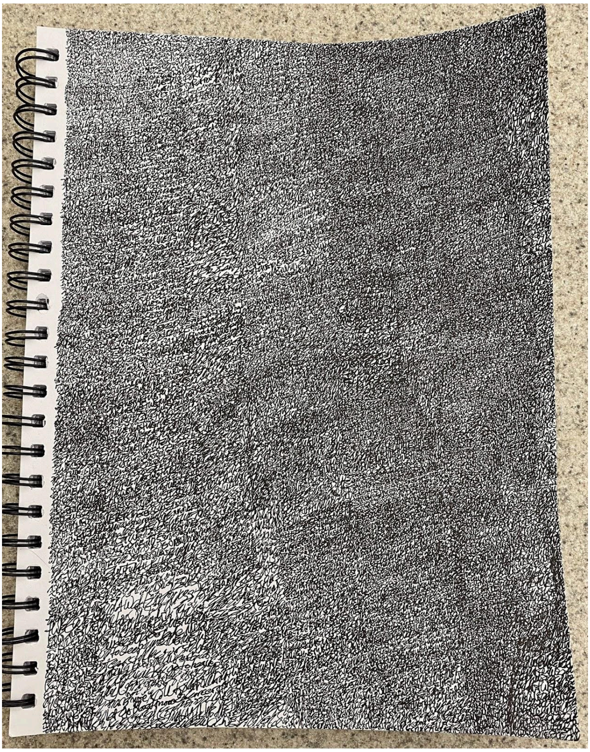
Have you been able to accept your diagnosis?

Some days I am in denial of my disorder. I found out that there is an actual symptom called anosognosia, which is, well, denial of having a psychotic disorder. But whenever I think I’m fine and want to go off my medications, I just remember the paranoia, fear, hallucinations, and disorganised thoughts and speech. The schizophrenia side is definitely stronger than the bipolar side for me. By this point, I’m clear enough to have mostly accepted my disorder. Ironically, it’s the bad days, symptom-wise, where I deny my disorder and start wanting to start my own religion again. However, these episodes now subside within a few days with the help of medication, rather than persisting indefinitely. My psychotic break lasted three years, and if it had lasted much longer, I would have offed myself because of the fear and confusion. Suicide and attempted suicide rates are very high with schizophrenia, bipolar disorder, and schizoaffective disorder.

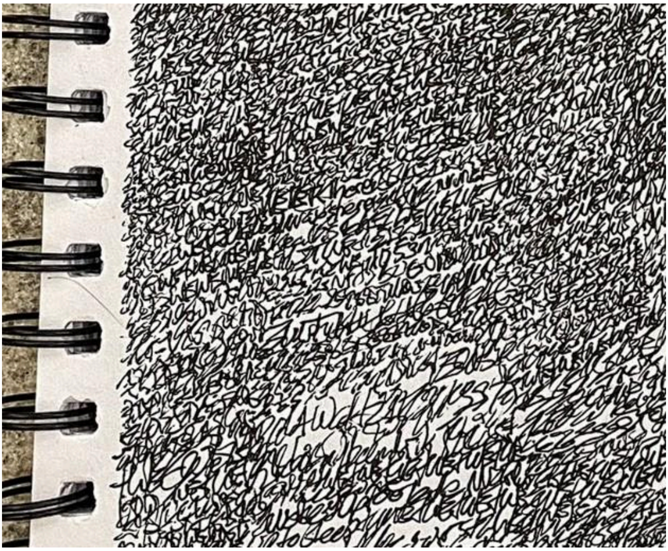
How are you now?

I’m mostly fine now. I can operate again, and aside from flat affect and anhedonia, I'm pretty much a normal person. I am just a regular person who must deal with a lot of extra baggage and memories that I don't want to dwell on. I've calmed down a lot and haven't had a manic episode in a long time; I only have minor depressive episodes. I had to up my Lamotrigine from 200 mg to 300 mg, which is a bit high, but it works great now. I still own all my guns, and I feel like mentally I’m in a good enough place to have them safely. And at least for now, it's legal for people with psychotic disorders to own guns in the United States unless they've been involuntarily hospitalised or adjudicated mentally defective—two things that I thankfully haven't experienced. It seems out there, but I think it’s fair given those restrictions. I am a freedom-loving American, and guns are a big part of the culture. If I’m ever in that place again mentally, I will hand them off to a parent until I’m ready to own them again safely.

Hypergraphia



Never There



Never There

A Letter.

Filomena Borges, Relative of a person with Schizoaffective disorder

So first of all, my dad, my uncle, and my younger brother suffer from mental illness. Doctors aren't sure yet, but it appears to be schizoaffective for my brother. My uncle had his first psychosis or mania at the age of 19, and so did my brother at 19 years old. My dad had his first psychosis in the spring of his 52 years.

So when my father started acting weird, I was around 13 years old. I had no idea what was going on. He claimed that people were pursuing him with the intention of killing him, that he initiated some wars, and that he was responsible for certain events. He was heavily paranoid, and I felt very scared because the father I've always known was gone. He seemed unfamiliar to me, and I regret not having researched the symptoms online to identify this illness. To me, my father had been gone, and for years I completely forgot about his existence. However, I am now able to recall certain aspects of my life with him. Anyway, it has had a profound impact on me and my brother.

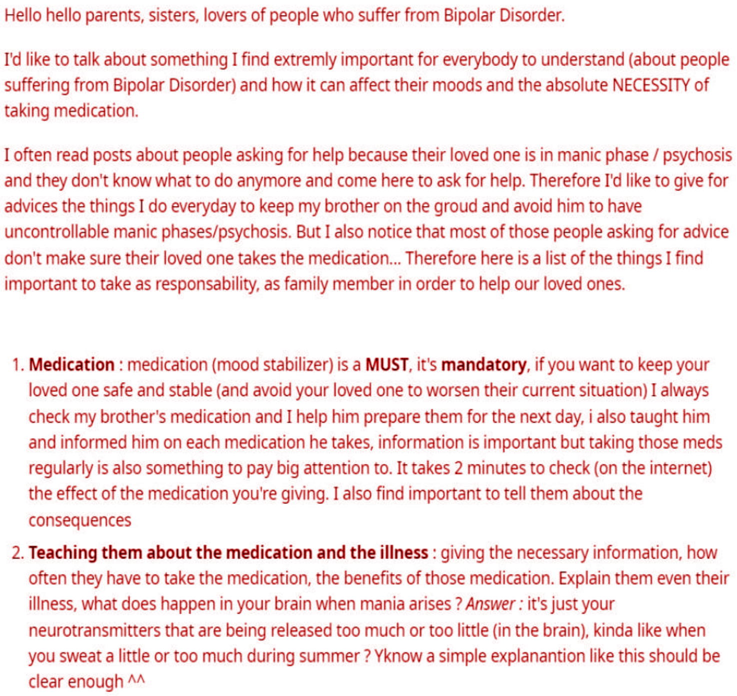
My brother began to isolate himself. He had a broken leg and couldn't really walk. When I refer to him as isolated, I mean that he completely shut down and spent hours, every day, every second, writing in his book. I thought maybe he was just making plans for the summer (I had no understanding of the illness at the time; I didn't know what mental illness was).

Then one night, June 21st, 2022, at 3:00 am, he went to my mother's room to explain to her his ideas of the world. He was speaking very fast, jumping from one idea to another, sweating a lot, attempting to jump from the balcony, and attempting to run away from home.

I texted a friend about his behaviour, and she said, "It seems like symptoms of schizophrenia. Go tomorrow and see a psychiatrist immediately." I swear, if she hadn't told me it was schizophrenia, I think I would have lost my little brother forever. Anyway, at 3 a.m., he had his full-blown psychosis. I called the ambulance, still in shock. We came to the hospital, and he escaped twice. The second time he escaped, he went to his friend's house with a broken mirror and threatened his mother's boyfriend. The police captured him, and my brother was enraged. He wouldn't listen to me when I'd tell him not to go away. Nurses were just standing there, not moving, just watching, which I find infuriating (it's a nurse law that we are not allowed to interfere as soon as the patient leaves the hospital; I'm a nursing student, just to be precise).

I accepted the diagnosis as soon as my friend told me that night. It all made sense to me. I looked up schizophrenia symptoms. Everything was in order, and although I was still weak and panicked at the time, I had watched hundreds of hours of videos about the topic and asked the doctors as many questions as possible. Luckily, I am a nursing student, so as soon as September came, I had "pathological psychiatry" classes, and the teacher explained to us all he had to teach us. I felt like, "Okay, I can master that illness now; I know how it works, I know the medications, and I know how I have to act in order to be helpful.".

I’d written a small letter for relatives of other patients with mental health disorders:

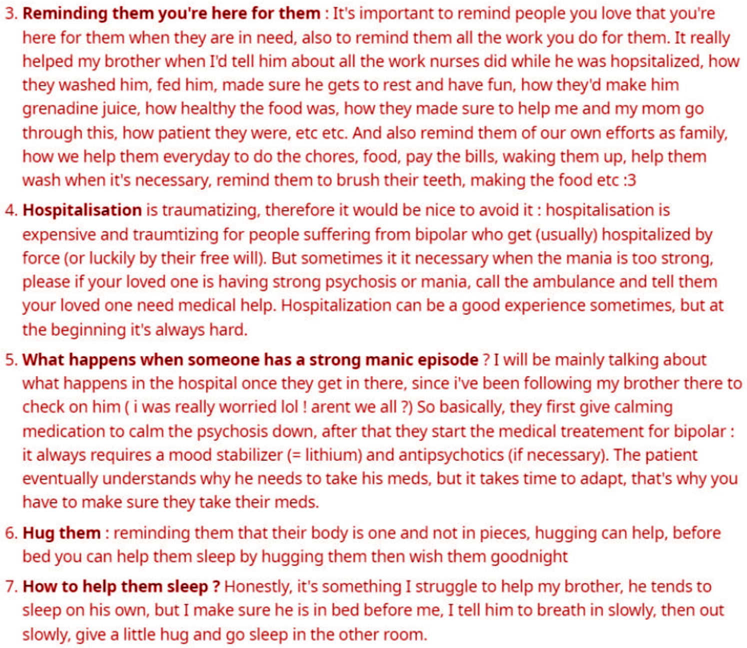


Hello hello parents, sisters, lovers of people who suffer from Bipolar Disorder.

I'd like to talk about something I find extremly important for everybody to understand (about people suffering from Bipolar Disorder) and how it can affect their moods and the absolute NECESSITY of taking medication.

I often read posts about people asking for help because their loved one is in manic phase / psychosis and they don't know what to do anymore and come here to ask for help. Therefore I'd like to give for advices the things I do everyday to keep my brother on the groud and avoid him to have uncontrollable manic phases/psychosis. But I also notice that most of those people asking for advice don't make sure their loved one takes the medication... Therefore here is a list of the things I find important to take as responsability, as family member in order to help our loved ones.

1. **Medication** : medication (mood stabilizer) is a **MUST**, it's **mandatory**, if you want to keep your loved one safe and stable (and avoid your loved one to worsen their current situation) I always check my brother's medication and I help him prepare them for the next day, i also taught him and informed him on each medication he takes, information is important but taking those meds regularly is also something to pay big attention to. It takes 2 minutes to check (on the internet) the effect of the medication you're giving. I also find important to tell them about the consequences
2. **Teaching them about the medication and the illness** : giving the necessary information, how often they have to take the medication, the benefits of those medication. Explain them even their illness, what does happen in your brain when mania arises ? *Answer :* it's just your neurotransmitters that are being released too much or too little (in the brain), kinda like when you sweat a little or too much during summer ? Yknow a simple explanantion like this should be clear enough ^^



3. **Reminding them you're here for them** : It's important to remind people you love that you're here for them when they are in need, also to remind them all the work you do for them. It really helped my brother when I'd tell him about all the work nurses did while he was hopsitalized, how they washed him, fed him, made sure he gets to rest and have fun, how they'd make him grenadine juice, how healthy the food was, how they made sure to help me and my mom go through this, how patient they were, etc etc. And also remind them of our own efforts as family, how we help them everyday to do the chores, food, pay the bills, waking them up, help them wash when it's necessary, remind them to brush their teeth, making the food etc :3
4. **Hospitalisation** is traumatizing, therefore it would be nice to avoid it : hospitalisation is expensive and traumtizing for people suffering from bipolar who get (usually) hospitalized by force (or luckily by their free will). But sometimes it it necessary when the mania is too strong, please if your loved one is having strong psychosis or mania, call the ambulance and tell them your loved one need medical help. Hospitalization can be a good experience sometimes, but at the beginning it's always hard.
5. **What happens when someone has a strong manic episode** ? I will be mainly talking about what happens in the hospital once they get in there, since i've been following my brother there to check on him (i was really worried lol ! arent we all ?) So basically, they first give calming medication to calm the psychosis down, after that they start the medical treatement for bipolar : it always requires a mood stabilizer (= lithium) and antipsychotics (if necessary). The patient eventually understands why he needs to take his meds, but it takes time to adapt, that's why you have to make sure they take their meds.
6. **Hug them** : reminding them that their body is one and not in pieces, hugging can help, before bed you can help them sleep by hugging them then wish them goodnight
7. **How to help them sleep ?** Honestly, it's something I struggle to help my brother, he tends to sleep on his own, but I make sure he is in bed before me, I tell him to breath in slowly, then out slowly, give a little hug and go sleep in the other room.

Psychosis in Schizophrenia

People often misunderstand psychosis in mental health disorders. Psychosis in schizophrenia refers to a state in which a person loses touch with reality. This can manifest through delusions and hallucinations, which are significant symptoms of schizophrenia.

Delusions

Strongly held false beliefs, despite evidence to the contrary, are known as delusions. They can take several forms:

Persecutory Delusions

Individuals may hold the belief that they are the subject of targeting, harassment, or conspiracy.

For instance, they may believe that the government is keeping a close watch on them.

Grandiose Delusions

Believing in exceptional abilities, fame, or wealth is a common belief. For example, they may think they are a famous celebrity or have special powers.

Referential Delusions

They hold the belief that everyday occurrences or remarks directly pertain to them. For example, they think a TV show is sending them personal messages.

Erotomanic Delusions

They often believe that someone they have never met or barely know is in love with them.

Nihilistic Delusions

They hold the belief that either a significant calamity will transpire or the world doesn't exist.

Somatic Delusions

They hold the conviction that they suffer from a physical ailment or anomaly, even when there is evidence to refute it.

Hallucinations

The mind creates hallucinations, which are sensory experiences that seem real. They can affect any of the senses, but they are most commonly auditory in schizophrenia.

Auditory Hallucinations

The individual perceives voices or sounds that are not present. These voices might talk to the person, give commands, or comment on their actions.

Visual Hallucinations

The perception of non-existent entities, like people, shapes, or lights, is present.

Olfactory Hallucinations

Smelling odours that are not present.

Gustatory Hallucinations

Tasting things that are not present.

Tactile Hallucinations

The skin experiences sensations like bugs crawling or being touched when nothing is present.

Understanding these symptoms is crucial in recognising and treating schizophrenia, as they can significantly impact a person's ability to function in daily life. Treatment typically involves a combination of antipsychotic medications and therapy to help manage these symptoms.

Lawrence Price, 42 yrs., Schizophrenia

My first diagnosis came at the age of 28, but it came after several years of decline marked by social withdrawal, depression, anxiety, paranoia, and sleep disturbances.

What landed me in the hospital were voices, namely one voice who kept telling me to wreck my car and kill myself. The hospital briefly admitted me and prescribed antipsychotics twice daily. The voices seemed abnormal to me at first, but like with other hallucinations—auditory, visual, tactile—they became real in a sense. The sensation of someone running their hand down my back felt exactly the same as it did in the hallucination. The same is true when distinguishing between real insects and hallucinations, among other experiences. I have recently developed the ability to distinguish between real insects and hallucinations, but it took me years to reach that point. Following my release, I endured years of recurrent symptoms before experiencing another severe episode in 2018 at the age of 40. When I first received the diagnosis, I thought, "Whatever, man, just let me out." My acceptance of my diagnosis waxed and waned over the years, and it really took over a decade for me to finally accept it and be treatment-compliant.

How do you feel about your disorder?

I feel terrible because I know I'm missing out on life or acting in strange ways, but I'm unable to pinpoint the cause or take any action. Recently, my roommates staged an intervention about my mental health, which made me feel bad. Years prior, my ex's family performed an exorcism on me, which also made me feel bad. I felt bad, I guess, because I care about my roommates, and I don't want to bother them or make them worried or uncomfortable. I'm generally not good with empathy, but I do have it with my roommates. They're family to me. When my illness worsened and gender issues started to surface, my real family disowned me.

The effects of receiving different treatment can accumulate over time. As far as work goes, I deal with a lot of cognitive symptoms like trashed memory, damaged executive function, thought blocking, and withdrawal. Although it may appear to be a challenging occupation at times, my position is relatively relaxed, and I intend to remain in this position until my retirement.

How was your relationship with medications?

My journey with medications has been quite adventurous. I've been through a lot of antipsychotics—six in total. Right now, I take two: risperidone and lurasidone, which work fairly well. My main side effects have been weight gain, insulin resistance, dry mouth, muscle twitches, and spasms. I deal with them the best I can.

What’s an issue you’ve faced because of your disorder?

Probably the biggest misconceptions about my schizophrenia are that I have multiple personalities, and another is that I'm a dangerous psychopath. I deal with rage from time to time, but I've never hurt anyone. Education is key, and if I could get people to listen to my story without immediately judging me and tuning me out, then that would be a good thing.

During Psychosis

After Psychosis

When the brakes fail

Imagine your brain as a speeding car with no brakes or skidding over ice with no way to stop. Imagine a moment when your impulses take over, driving you to actions you can't seem to prevent—how would you feel?

Mental health disorders can affect anyone. You could say that mental health disorders are quite unbiased in terms of who they affect. Some have anxiety, some have depression, some have OCD, and others have bipolar or schizophrenia. It doesn’t matter if you’re a daily wage worker, a businessman, or a doctor.

Having said that, mental health issues can make a person's life more challenging than it would be if they didn't have them. However, many individuals strive to overcome these challenges and achieve their goals. And for a lot of others, it means giving up on things they wanted to do previously.

The fact that treatment doesn't always work instantly contributes to the stigma surrounding mental health. It takes time—perhaps a few months or even years—and numerous medication changes before one finds a treatment that works for that particular individual. During this period, individuals often experience a loss of hope and struggle to adhere to treatment plans. Unable to receive proper treatment, individuals may choose to conceal or disguise their disorder, thereby perpetuating the stigma surrounding mental health. Some may even self-medicate with alcohol or illicit drugs, which doesn’t help the cause.

Counselling, familial support, and affordable access to mental health professions would go a long way in improving awareness and providing prompt treatment for these individuals.

Thomas George, 29 yrs, Bipolar 1

It's actually all blurry to me.

My personality has always been hyperactive, so I can't pinpoint when I first became manic. I do recall when I was first depressed. This was in my final year of medical school. I was at home and just crawled up in bed, feeling scared to go to college. My depression presents as intense anxiety. It resolved itself in a month.

My second episode occurred during the post-graduation phase. This was at the end of the first year. I'm not sure if I was manic before this (as mania usually follows depression), but the same thing happened. I experienced significant work-related stress, which subsequently triggered a resurgence of my intense anxiety, preventing me from attending work. This lasted for about 40 days, give or take. Everyone was worried this time. An absence of so long isn’t something that’s considered “normal” in the medical profession. And to me, none of this ever made sense back then. I just assumed I was doing it on purpose. But retrospectively, I realise that I never had any control over any of this. This was just my depression and uncontrollable anxiety.

This was followed by an episode of mania. An episode I can clearly say was Mania. It lasted for about 5–6 months. I remember needing very little sleep and always being on the go. I remember that this did not tire me one bit. I remember being loud and boisterous. I was fearless. But no one suspected anything was wrong with me. It just seemed like “normal” behaviour to everyone.

Before receiving a diagnosis, the last manic episode lasted roughly 6–8 months, from late summer to early winter. I did a lot of “productive” work during that time. During this time, I had also given expensive gifts to people whom I didn't even know well. Mania is characterised by impulsive spending.

I suppose I could use an analogy to explain mania. Imagine a train on tracks. When an unwanted thought crosses your mind, you need to stop it because it's not appropriate for the current situation. A normal brain would then put on its brakes and slow down the thought until it faded away. Hypomania and mania take away that ability. The engine doesn't slow down, even though the brakes remain engaged. Instead, the train accelerates relentlessly until the brakes overheat and eventually fail, causing the thought to "escape" and the impulsive action to occur. In my mind, it feels like I'm trying hard to stop myself when I do have insight, only to fail at it and do things I don't want to do. When I don’t have insight, it’s a free-running train that won’t get stopped till it crashes and burns into a depressive cycle. People assume we act impulsively and purposefully, but that’s not true. It’s just that we lose all control over stopping ourselves, even if we try.

Finally, in late winter, came the depression. Once again, I found myself curled up in bed, unable to move, consume food, or use the restroom. Rotting food was stinking in my room, and a dead rat lay on the floor. I had the same generalised anxiety episodes and had skipped work for almost 15 days. However, this time, a psychiatrist diagnosed me with major depressive disorder. It was weird, you know? I've been experiencing suicidal thoughts ever since the episodes I had in medical school. I've attempted it a few times but stopped myself and cried a lot. But I never thought this was abnormal. I assumed everyone had suicidal thoughts and that these too were completely normal. After receiving a diagnosis and learning it wasn't normal, I sought the advice of my friends, who affirmed that thoughts of suicide are uncommon for normal people.

So anyway, I was diagnosed and sent home. I started on escitalopram (an SSRI). This would settle my "depression," only for it to cycle right back again. I was also on olanzapine and amisulpride. My depressive episodes improved. But something was just not right. During this period, I also gave away two expensive gifts: one to a person I barely knew and one to a very close friend.

Things continued with the antidepressant. I made multiple visits to my psychiatrist, who was unable to understand why I was intermittently relapsing into depression. However, it was during one of these visits that he discovered I was experiencing pressured speech. I vividly recall him asking me, "Do you always talk so quickly?" at which point I realised I was indeed experiencing pressured speech. I ultimately received a diagnosis of bipolar disorder after experiencing hypomania. That accounted for all the rapid cycling that had occurred in the previous days.

I immediately stopped taking Escitalopram and started taking Valproate. Valproate worked well for me. I was relieved to receive a diagnosis at last. By now, I had completed my post-graduation and joined a job. However, the stress of the work led to another episode of anxiety-fueled depression. The brief switch to lithium didn't work at all, so I returned to Valtroate on my own initiative. My psychiatrist was okay with that decision. They have now switched me to lamotrigine. I love the drug and have had only one episode of severe headache with no other side effects. It helps me stay stable and happy. I occasionally feel depressed or hypomanic, but that’s fine. I’m hoping that’ll improve over a few years.

How have your interactions with friends and family changed since receiving the diagnosis?

I still can’t be open to sharing my diagnosis with the world. I’d rather not. Indeed, I have shared this information with my close friends. The reason is that I believe the stigma persists. People don't empathise; they pity. That's not something I want. I don't want others to perceive me as untrustworthy or lacking in competence. I know it doesn't affect me, and even if it does, it's on me to manage it. Secondly, even if people are aware of your disorder when you experience periods of mania or depression, they often misinterpret the symptoms as normal or mistake them for "purposeful" behaviour, which isn't the case. Both aren’t helpful in any sense. Also, it’s not like I have much control over this disorder, and the mood switches when it does happen. I do take full responsibility for my actions now, but at times it’s difficult, if not impossible, to control my behaviour and impulses—the part of the brain that could have signed off.

Attention Deficit Hyperactivity Disorder (ADHD)

This interview discusses how astute teachers can assist in identifying symptoms of ADHD, thereby facilitating an early diagnosis. It’s very important that care providers for young children have some basic understanding of how various mental health disorders can present in a child. ADHD is one such mental health disorder that, if picked up earlier, can significantly improve the quality of life for a child. We should not underestimate the severity of ADHD. If not managed, it can cause severe debilitation for the person and may even lead to depression.

The following write-up will shed light on the inner difficulties faced by someone diagnosed with ADHD. You will understand how someone with ADHD feels and why it’s very important to treat these individuals with kindness and not just deem them lazy, selfish, or rude.

Juan Miranda, 22 yrs., ADHD

My diagnosis came at the age of 12. My maths teacher told my parents about it when I was 10, because I was childish and had a hard time concentrating. It took me two years to get the diagnosis.

So, my maths teacher sounded the alarm. Essentially, social workers and nurses were conducting a series of tests on me. We are talking a lot. I don’t remember all of it because it’s such a long time ago and my memory is so bad, but I remember they were talking with me and having me fill out a lot of tests, and this continued for, I think, 1 year and a half. Then I was referred to a child psychiatrist, who then ran more tests on me. I finally got diagnosed at 12, but first got on medication around 13–14 years old since I was too young for the medication.

The issues that I face are definitely impulsivity and having a hard time regulating my emotions. I forget things very easily, and I need to write everything down. A good way to see it is "out of sight, out of mind," where I struggle to regulate my focus, struggle with the feeling of rejection, and easily feel overwhelmed and mentally exhausted.

When it comes to my hyperactivity, it's as if my body feels compelled to act, causing my leg to shake or my jewellery to twitch incessantly. It’s like my body has a mind of its own. It has an enormous amount of energy that it needs to release, and I am powerless to stop it. It just goes. It usually occurs when I have been sitting for an extended period of time. I can categorise my impulsivity into two forms. One type of impulsivity initially manifests as a simple thought. However, it eventually transforms into an obsessive thought that keeps returning to me. My brain is only capable of focusing on that particular thought. However, if I attempt to step back and reevaluate everything, my brain temporarily shuts down and reverts back to the obsessive thoughts. The second point is that when an emotion triggers it, such as excitement or anger, it becomes an obsessive thought that persists until I act on it. I impulsively buy things—not as much as when I was younger, but I still do it when I really need dopamine.

I feel "contained," like I'm locked in my own body, and all I can do is feel this intense need to move or be hyperactive.

When I got the diagnosis, I felt very isolated because, at the time, ADHD was still a very new thing, and a lot of the material was only in

English. English is my second language, so it was hard for my family and me to understand and comprehend. It made me feel very alienated and insanely different because I didn't understand what it entailed. What led me to face and accept my diagnosis was at the age of 19, I was having a lot of therapy and doing a lot of soul-searching. It helped me process a lot of bottled emotions. I am at peace with it now.

My journey with medication was literal hell. In my country, psychiatrists hold Ritalin in high regard, but I personally had a negative experience with it. I did not eat, and I was severely depressed. I was completely isolated, had no social life, and had no energy. Finding the right medication and the right dosage has taken me 10 years. I alternated between visiting my psychiatrist and receiving different prescriptions, feeling frustrated as I debated with both my psychiatrist and the nurse about why the short-lasting CNS (central nerve stimulator) did not work for me and continued to cause severe side effects. But I eventually convinced them. On my current medication, Vyvanse, I have no side effects at all, luckily.

My dad is the person who has the genetic code for ADHD. I believe this is the reason we are so close, as he truly understands me and the challenges we face in life. My mother had a much harder time understanding. At the time of my diagnosis, there was limited information available about ADHD, very little of it had been translated, and my mom did not speak or read English at all. My mom made every effort to be supportive, but I definitely received the question, "Why can't you be like other kids?" However, I do not hold her responsible for this behaviour. A few months ago, I helped her comprehend ADHD by elucidating the functioning of my brain and its impact. I have explained my ADHD to my friends in the same way, and they are luckily very supportive. Similarly, with my partner. I also really did my best to educate others on how situations with me should be handled. I am very blessed to have a good support system, and I am very thankful.

I believe that people often misunderstand ADHD and only associate it with being lazy, selfish, and rude. And I definitely see how it could look, with us talking over people, having a hard time regulating emotions, etc. But what I have noticed with myself and other people with ADHD is that we have the best intentions, but we end up messing them up in some way because either we forget, we get impulsive, etc.

Life is complicated, stop trying to simplify it.

Returning to the topic of Dissociative Identity Disorder, this article explores multiple alters, with interviews conducted with each alter over a span of time. We conducted the interview individually with each alter. Some alters would relay the interview questions to another alter. We would then wait for the alter to come forward and continue the interview with them. Sometimes the alters would front in a few days, and sometimes they would take a few weeks. Because of this, this write-up is much longer than the other interviews, but it provides a very insightful glimpse into the world of someone living with DID.

We advise discretion as some readers may find parts of this interview triggering.

Love in Unreality system, multiple ages, Dissociative Identity Disorder with schizoid personality disorder.

Written by Grahm(🖥️), Kuro(🌀) and Ano(💉) with the Love in Unreality system - touching on dissociative identity disorder and mental health.

*****Our self-discovery journey*****

Grahm🖥️ and Kuro🌀:

I can start off here by saying that we discovered that we were a system around 3 or 4 years ago. It's blurry to me, but I know it's gone on for longer (since age 3). Ok, so we had moved into an online friend's house. I believe the entire experience revolved around escaping our toxic parental environment, which persisted for the majority of our lives. About 17 years. Our mother is half of the reason we have a dissociative identity; the other reason, so-to-speak, is suspected to be a medical condition we had at a very young age that disrupted pretty much everything for about 3 years.

After leaving that place and settling into a new house and a new life, things were generally fine, but unexpected events would occasionally occur. Many things simply didn't make sense: we would forget things, say confusing or out-of-character things, and constantly feel the need to change our names. Our roommate was genuinely distressed, and so were we at some of the things we would say or do as "one" who had no clue what to do or what they had.

So the research began. Why does this happen? What causes you to forget stuff? It got deeper and deeper, and at one point, I (as

Kuro, but I need to give credit to another alter known as Abysal, who started the majority of the research) was reading the actual DSM and books written by people, playing the role of a psychologist for about 3 months straight, trying to figure everything out while the other identities were emerging. We tried to label who we thought was who, what symptoms they had, identified how they spoke, and what the triggers were. This was really helpful for the first year. Our host at the time, Alex (a host is an alter who is typically referred to as the one who uses the body the most and interacts with family), was technically already aware of things because of Abysal (a protector/inside manager alter). They had been communicating with them in the mind for a few years. As we delved into the subject matter from a medical perspective and engaged in conversations with others, it gradually began to make sense.

We were originally diagnosed with autism, but that was based on a bunch of family bias, and we were like 15. We never really related to the symptoms and problems the diagnosis produced. Since we couldn't speak for them and their experiences, it felt wrong and dishonest to say, "Yes, I'm just autistic," to others. It wasn't enough, and we were hungry for answers.

Receiving a DID diagnosis can be both liberating and frustrating. I grew up being very self-sufficient, so I guess I found it easy, but not everyone can do that or has the same access to information. I also included a lot of family history, soul-searching, and hundreds of flow charts and notes. It's still something I do, as it's been a part of my "role" since I came full-fledged.

Kuro🌀:

Many individuals on social media misdiagnose themselves or confuse one condition for another due to a lack of understanding of overlapping possibilities. I have schizoid personality disorder, which is comorbid. People often misdiagnose SzPD as autism or Asperger's syndrome due to their striking similarities in external symptoms, yet their internal functioning and the underlying causes can differ significantly. Hence, self-diagnosis can be dangerous and should not be something that people take lightly. Self-diagnosis is not a fun TikTok describe-myself trend, and it's something we need to stop. Why? It conveys a negative message to the public. It casts a negative light on the struggles of individuals with a disorder and creates confusion about their perceived appearance. The main issue is that you shouldn't assert authority over anything unless you have a complete right to discuss it. Please, if you think you need help or it feels too overwhelming and complicated for you, go find that help and be patient with yourself.

What is it like overall?

Kuro🌀:

If you're asking what it's like to be a system, since that's the main subject, it's got its ups and downs, of course. It's a unique experience that involves additional challenges.

Positive:

I get to have a close-knit inner family that understands me better than my biological family could. I feel enlightened in some ways, both spiritually and mentally, because I have this experience: I can "hack" my body via the "powers" of dissociation, and alters have different abilities and mindsets. There is a very wide range of possibilities and adaptability—the amazing dreams and inner worlds we experience and share. Being a “system” is also very diverse and really teaches you how to love and endure. It teaches you teamwork and responsibility. It probably just feels different. Some parts of it are very comforting. Your brain didn't get the love it needed, so it mimicked and created its own, and it's truly amazing in some ways.

Negative:

The grey outs, memory being foggy and dreamlike at times, never being sure of anything, forgetting, skipping time due to alters switching back and forth, not knowing who you are at times, and your identity can feel like a cobweb of a billion things and a billion emotions all at once when multiple people are sharing one body. Screaming, crying, stress, and stunted emotions—the overwhelming ones brought on by traumatic overload and PTSD flashbacks—are all present. The frustration. Not showing up to work or a meeting on time because, whoops, another alter stepped in and had no idea that they were supposed to be somewhere. Being perceived as weird or crazy due to stereotypes necessitates a hypervigilant need to conceal, suppress, and defend oneself. Having to share a body, share a bathroom, decide on what clothes or food to buy that most alters can agree on, make big life decisions, and have a stable career is basically impossible. Disconnecting from family and friends, and so much as not even knowing who they are. Symptoms can be unpredictable, but part of the healing process is learning how to manage them and build strength where there is vulnerability, so we can learn to live in a society that doesn't typically accept us.

What's the cause?

Kuro🌀:

The main thing that is known to cause DID is early childhood trauma. The cap is around 9 years old. Some argue it's a 6. The cause of DID, though, is basically a child's personality not coming together as one cohesive thing because traumatic events that they were enduring throughout their life interrupted their development because they had to protect themselves or could not deal with the overwhelming pain and emotions, so they remain "in parts" and those parts develop individually. Dissociation, a basic coping mechanism, creates new parts. When one part is unable to manage an emotion or other situation, it transfers to another part. You can have vast opposite alters within a system to deal with different struggles of life. For us, we underwent medical treatment from the age of 3 until the age of 5, which we believe marked the beginning of our journey. After that, our parents(mainly mother) turned out to be highly abusive. Emotional and some physical abuse did not stop until we were 19. Dissociation is the process of mentally taking a break or escaping reality, and you learn to do it so well and so frequently that it becomes a disorder that affects every aspect of your life.

What is the healing path like?

Kuro🌀:

The process varies, but there are two medically recognised ways to heal: either merging the alter into one person or learning to live in harmony with minor amnesia and memory problems. Because this disorder alters your brain's wiring, there's no assurance that fusions will be successful, and you might relapse into more alters. Additionally, for many systems, the prospect of losing their familiar inner home, family, and support system can be daunting, leading them to choose harmony over change. However, I've also encountered systems that despise the concept of harmony and would gladly embrace a process similar to fusion. But in order to do that, they'd need to achieve harmony. Respect and equality for each alter, acknowledging them as unique individuals, are crucial, both internally and externally. Because of how complicated things can be, it would take several years. People often don't receive a diagnosis until their mid-40s or beyond. For us, we have been working on our symptoms for a long time, and a good chunk of the amnesia went down. Often, we can talk to each other fluently in the mind and remain in co-consciousness, where two or more are aware and passing information. While we still engage in fights, we have mechanisms in place to sort and regulate things. For instance, our gatekeeper, EVO, provides basic information that all other alters adhere to as a set of rules when they are out in the open, including certain memories that everyone needs to know and have developed over time. For the most part, we can make up our minds on things, write stuff down, and make the most of it.

How many alters are in your system?

Kuro🌀:

Since we have a lot of varying issues all mushing together, our system might be larger than a typical DID system. We have a total of approximately 45 alters, of which about 10 are actively involved, and this group rotates every few months. Alters "sleep" or go dormant in the mind, and they can do so for a very, very long time to preserve memories and experiences. We essentially kept dissociating from every little thing that happened, resulting in a multitude of partially created alters that hold onto one or two emotions and specific experiences that stem from pre-existing ones. Are there any that we don't even know exist? Maybe. But since we've been really on top of things for some time now and learned a lot of the tricks for coping, we have alters who keep track of alters, and I'm one of them. I can see a lot of stuff that happens, but I'm just rather distant from it; I don't experience human emotions.

Regarding non-human alters:

Kuro 🌀: This is another thing I'd like to add because it might be something that people could see a reason to talk down on, because how could someone with a human body not be... human?All of this can be attributed to dissociation. Let's say you have an alter who was hyper-dysphoric about their body, got bullied or similar, and developed an aversion to it. Maybe they also lacked the same warmth and understanding others seemed to have that made them seem alive and human, making them feel outcasted and more machine-like. So they identify as a robot as it's far easier to convey information that way and helps them regulate the nasty feelings they may be feeling. Alters can take on any identity, and due to the unreal nature of many things being mental rather than physical, anything is possible. Some records exist of children developing fairies or dragon alters if they were into fantasy stories during hard times.

Even people who already exist can get into a system known as introjects. These are alters that "copy" other real or imaginary people, and this can occur for a variety of reasons. For instance, if a loved one passes away, they can use an alter of that person to "preserve" them and ensure they never lose them. Personally, I think our system is almost entirely non-human. We have a robot, furries, personified concepts, ghosts, a vampire, and more. The closest to humans we have are kitsune-like creatures, which have the body of a human but the ears and tail of a fox.

Never dismiss or mock an alter's identity, even if it appears nonsensical. Remember, you can't see what they see and feel in their world, and they may feel unsafe being around someone who won't take them seriously. This isolates them further, making them feel less connected to humans and harder to recover. Humans are more than just a body; they are an ever-changing soul of imaginations, ideas, and possibilities.

How is family support?

Kuro🌀:

Family support sucks, man. It's even worse than talking to strangers. We have members in the family who assume all kinds of things because they "knew who I was" and can't learn to get to know anyone in the system because they want to think I'm secretly just one person and I'm playing them dirty. Unfortunately, this is a reality some people have to deal with. But you often just get a lot of misunderstandings. I can't just introduce myself and get to know someone without them trying to correct me about who I fucking am to them, how I failed to be a good, courteous sibling or child, etc., and how reality should be more important to me. They can't understand that it's a genuine struggle and disability that I can't connect to reality or have the right personality to be there with them. I've heard of systems that get kicked out of their families or continuously taken advantage of the longer they stay because they just repeat a bunch of old trauma. Family is a primary source of my disorders, so they are the last people on earth I can trust.

What is the general public's misconception about these disorders?

Kuro🌀:

One is that it's easy to control.

No, it isn't. Years of abuse, emotional turmoil, and PTSD go along with it, and they assume what it "looks" like. "You don't look like you have DID," or "I've never seen an alter," are common assumptions. They are expecting things to look a certain way or be obvious. I'd like to emphasise to anyone reading this that DID, along with most dissociative disorders, are often hidden disorders. Unless the system attests to you or they are showing symptoms mostly out of their control, you cannot see DID. If it looks like DID, it could be something else.

The media, and even doctors, create unfavourable expectations about appearances. People with these disorders become extremely skilled at avoiding certain situations and learn to mask themselves, as they perceive everyone and everything as potential danger. Alters can be a grey area, and they aren't always distinct, vibrant people. However, it's important to always respect and listen to them.

Being an alter can have its limitations, but they contain human will and feelings, which need to be respected as their own.

Also, a second thing that comes to mind is that people often assume that having a disorder makes one disabled and less capable of things that one would normally do, like holding a job or taking care of themselves. While that may be the case, these individuals often need to quickly adapt and acquire new skills that most people lack. They can be very intelligent and observant, and they possess varying levels of social ability. Often, the structure of society and the unfair expectations it sets prevent these individuals from integrating into society. We live in a world where everything is buttered up and made for neurotypical, heterosexual lifestyles.

What could the public do to provide better support?

Kuro🌀:

The public can work to make things more accessible for people with disorders. They can offer safe spaces, affordable programs, and, overall, simply show their understanding and kindness. Literally, if everyone was just kinder and patient and didn't lie and deceive, things would be better in the world. We need love, not money, fame, and political correctness. The public needs to stop trying to be right and talk over these people by labelling them.

How does the disorder shape your life?

It makes us who we are. And I don't regret it.

Ano💉:

Being a system has taught me many life lessons that help me stay ahead, lessons I would never have learned if I wasn't multiple. I have a harder drive to seek answers than most people I know, and I have very unique and fulfilling relationships with other alters that keep me going when everyone else in the world is distant and not getting along. It also aids in my understanding of other survivors, enabling me to assist them effectively. At times, it's beyond brutal, and we've reached very extreme lows. But we also reach pretty good highs and a sense of great comfort. I find it impossible to envision life without plurals, and that's perfectly acceptable. We shouldn't strive to understand what no longer exists or never did in order to make our personal lives more comprehensible.

Life is complex as hell; stop trying to simplify it. Enjoy all of its chaotic, infinite, and complicated joys. Look further and deeper for the truth, rather than just what's on the surface.

What would be the age of the alters?

Grahm🖥️:

We're 22 and a half. We have alters ranging from age 6 to mid-thirties, but most of them are 16–22. Abysal is... ageless? It's akin to not sharing the same years as humans. Kinda like dog years.

What would alters' sexual orientation be?

Grahm🖥️:

Most of us are aro ace but we have a pansexual and a few demisexuals. The majority of us identify as non-binary or masculine, but there are also individuals who are genderless.

Could you explain how often you’ll switch?

Grahm🖥️:

We usually switch out hosts every year, or so it seems. Right now it's me; last year it was Kuro, but we often have switches in-between to carry different emotional burdens and tasks. For example, when one alter becomes angry, it's more likely that the alter who is solely responsible for that anger will take the lead. It’s mostly trigger-based, but we have some who are more fluent and can front when they want because they want to take control of a situation. I believe my brain functions in two distinct ways: there are parts that feel completely out of control, and there are also parts that feel extremely in control. Yes, we do switch a few times a day, but eventually, we revert back to the main front. However, there have been instances where I've been absent for a mere 2-3 days.

Could you briefly touch on trauma?

Kuro🌀:

The window of trauma is this:

Age 3-5: A patient is in a medical facility due to a disease.

Age 6–11: Mistreated by parents, physical and emotional abuse (alleged sexual as well, but we have no proof for this)

Age 15–19: In-home caregivers who engaged in practices that resulted in severe emotional abuse

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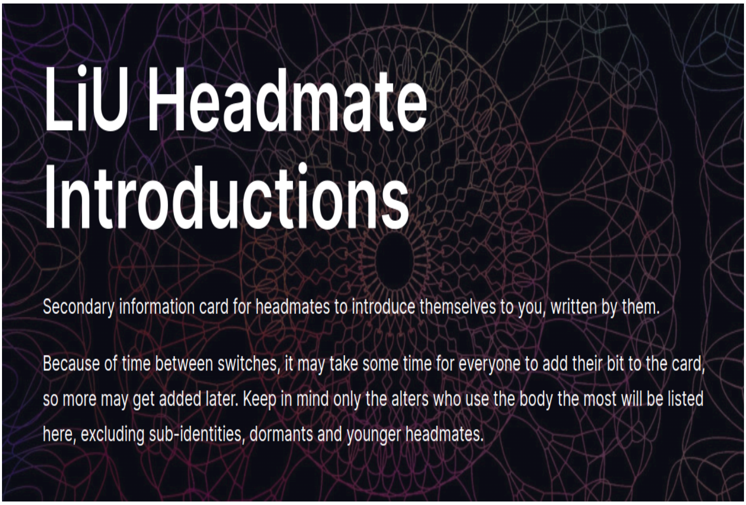
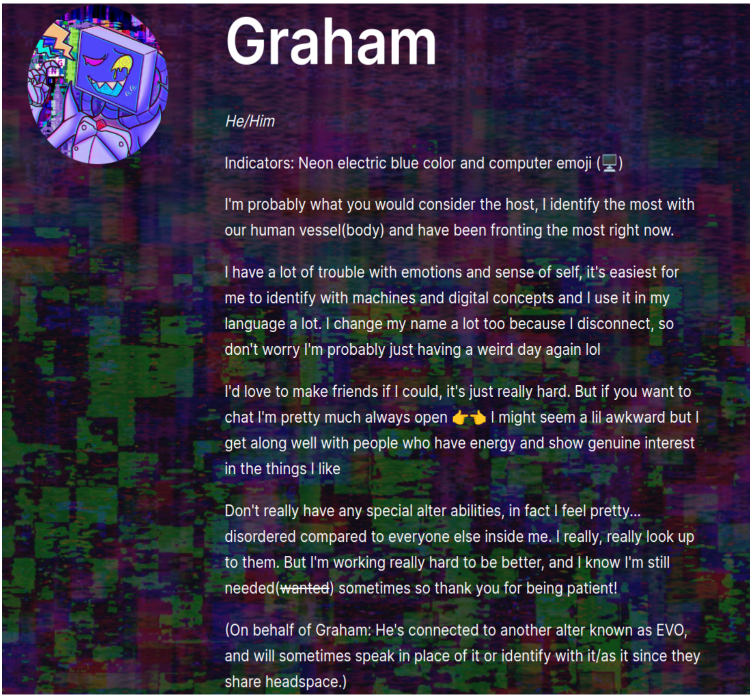
Love in Unreality system



LiU Headmate Introductions

Secondary information card for headmates to introduce themselves to you, written by them.

Because of time between switches, it may take some time for everyone to add their bit to the card, so more may get added later. Keep in mind only the alters who use the body the most will be listed here, excluding sub-identities, dormants and younger headmates.



Graham

He/Him

Indicators: Neon electric blue color and computer emoji (🖥️)

I'm probably what you would consider the host, I identify the most with our human vessel(body) and have been fronting the most right now.

I have a lot of trouble with emotions and sense of self, it's easiest for me to identify with machines and digital concepts and I use it in my language a lot. I change my name a lot too because I disconnect, so don't worry I'm probably just having a weird day again lol

I'd love to make friends if I could, it's just really hard. But if you want to chat I'm pretty much always open 👉👈 I might seem a lil awkward but I get along well with people who have energy and show genuine interest in the things I like

Don't really have any special alter abilities, in fact I feel pretty... disordered compared to everyone else inside me. I really, really look up to them. But I'm working really hard to be better, and I know I'm still needed(~~wanted~~) sometimes so thank you for being patient!

(On behalf of Graham: He's connected to another alter known as EVO, and will sometimes speak in place of it or identify with it/as it since they share headspace.)

Abysal Dragonfish (Abyshogg)

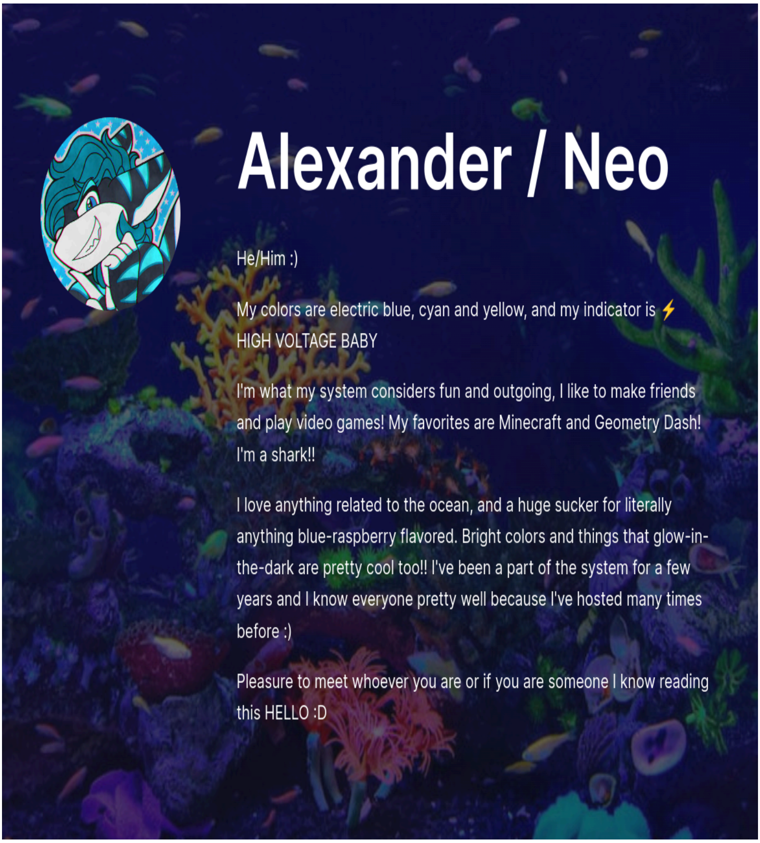
They/Them ONLY

Indicators: Dark green/teal colors and black heart emoji (🖤)

Hello, you may call me Abyshogg or Abysal. I am your deepest, darkest nightmare~ Here to protect the system and keep things in order. Considerably one of the few *adults* around here.

I enjoy the deep sea as well as nature in general, the overall plants and animals. I am not human, but I like to be entertained by their culture, it is strange and fascinating to me. My best friend is a human, though.

I do a lot of lurking. My favorite food is dark chocolate(to the disdain of everyone else in my system) and seafood. In my freetime I do some poetry and art. Usually surrounding very dark subjects not for the faint of heart. You are welcome to talk to me, but don't expect much. I often speak exactly what's on my mind.



Alexander / Neo

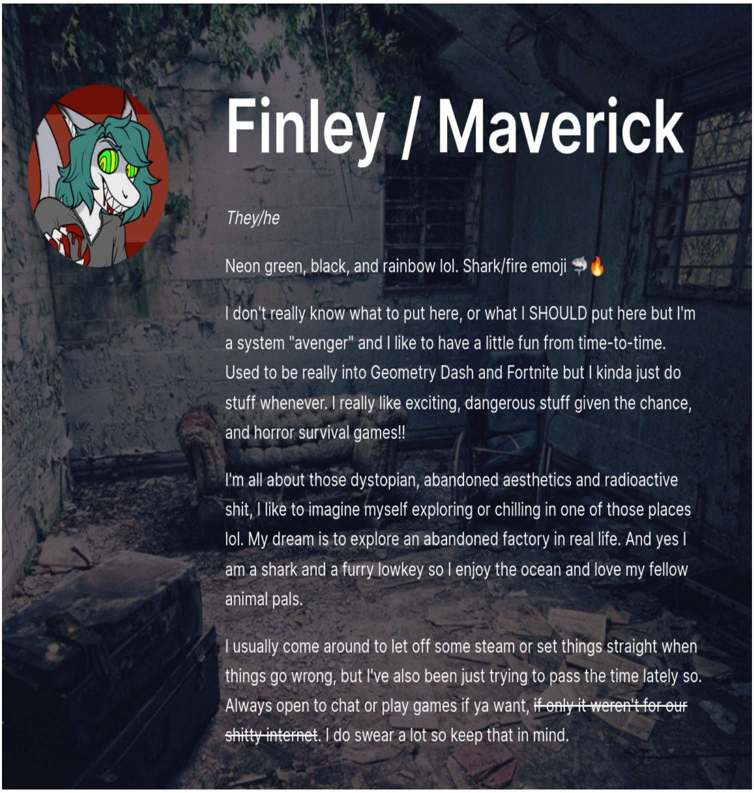
He/Him :)

My colors are electric blue, cyan and yellow, and my indicator is ⚡ HIGH VOLTAGE BABY

I'm what my system considers fun and outgoing, I like to make friends and play video games! My favorites are Minecraft and Geometry Dash! I'm a shark!!

I love anything related to the ocean, and a huge sucker for literally anything blue-raspberry flavored. Bright colors and things that glow-in-the-dark are pretty cool too!! I've been a part of the system for a few years and I know everyone pretty well because I've hosted many times before :)

Pleasure to meet whoever you are or if you are someone I know reading this HELLO :D



Finley / Maverick

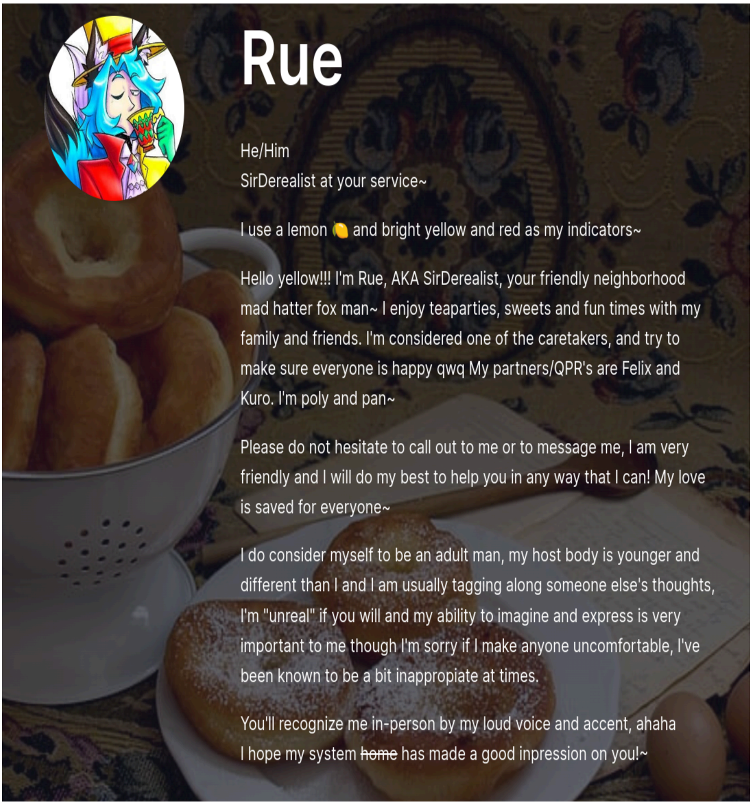
They/he

Neon green, black, and rainbow lol. Shark/fire emoji 🦈🔥

I don't really know what to put here, or what I SHOULD put here but I'm a system "avenger" and I like to have a little fun from time-to-time. Used to be really into Geometry Dash and Fortnite but I kinda just do stuff whenever. I really like exciting, dangerous stuff given the chance, and horror survival games!!

I'm all about those dystopian, abandoned aesthetics and radioactive shit, I like to imagine myself exploring or chilling in one of those places lol. My dream is to explore an abandoned factory in real life. And yes I am a shark and a furry lowkey so I enjoy the ocean and love my fellow animal pals.

I usually come around to let off some steam or set things straight when things go wrong, but I've also been just trying to pass the time lately so. Always open to chat or play games if ya want, ~~if only it weren't for our shitty internet~~. I do swear a lot so keep that in mind.



Rue

He/Him
SirDerealist at your service~

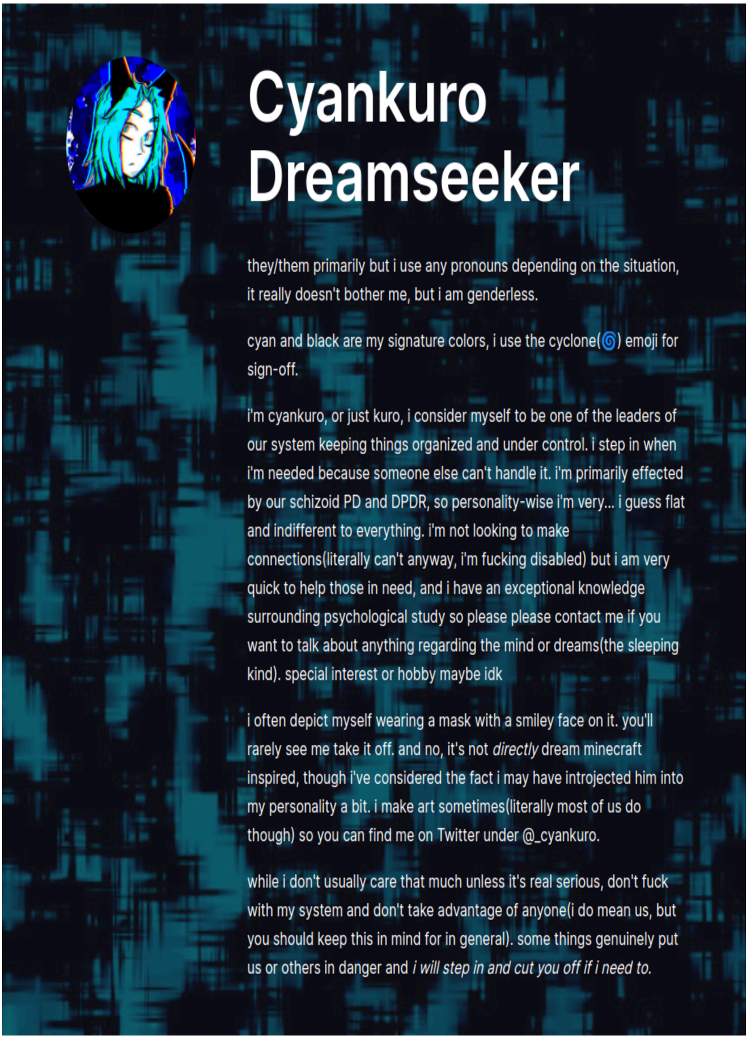
I use a lemon 🍋 and bright yellow and red as my indicators~

Hello yellow!!! I'm Rue, AKA SirDerealist, your friendly neighborhood mad hatter fox man~ I enjoy teaparties, sweets and fun times with my family and friends. I'm considered one of the caretakers, and try to make sure everyone is happy qwq My partners/QPR's are Felix and Kuro. I'm poly and pan~

Please do not hesitate to call out to me or to message me, I am very friendly and I will do my best to help you in any way that I can! My love is saved for everyone~

I do consider myself to be an adult man, my host body is younger and different than I and I am usually tagging along someone else's thoughts, I'm "unreal" if you will and my ability to imagine and express is very important to me though I'm sorry if I make anyone uncomfortable, I've been known to be a bit inappropiate at times.

You'll recognize me in-person by my loud voice and accent, ahaha
I hope my system ~~home~~ has made a good inpression on you!~



Cyankuro Dreamseeker

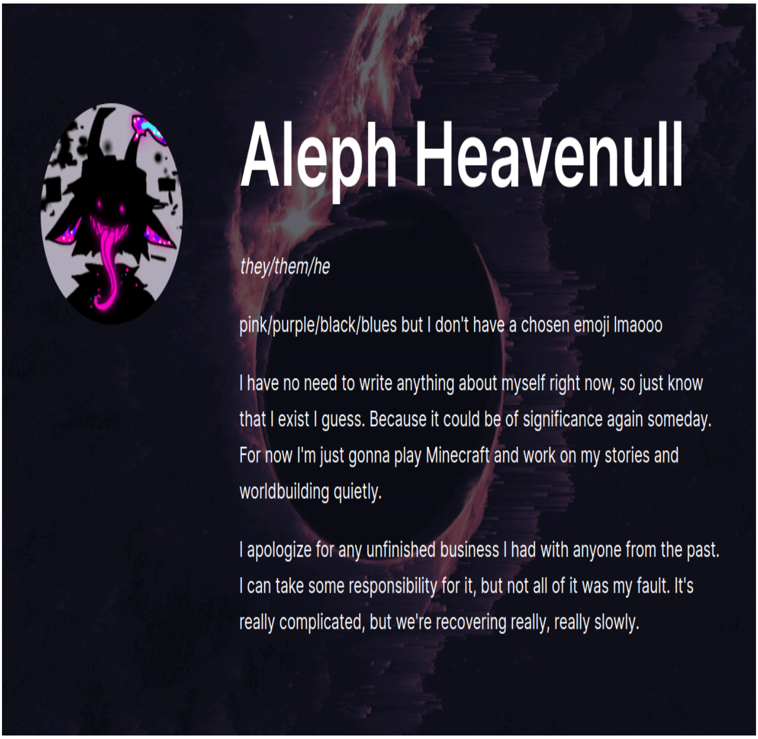
they/them primarily but i use any pronouns depending on the situation, it really doesn't bother me, but i am genderless.

cyan and black are my signature colors, i use the cyclone(🌀) emoji for sign-off.

i'm cyankuro, or just kuro, i consider myself to be one of the leaders of our system keeping things organized and under control. i step in when i'm needed because someone else can't handle it. i'm primarily effected by our schizoid PD and DPDR, so personality-wise i'm very... i guess flat and indifferent to everything. i'm not looking to make connections(literally can't anyway, i'm fucking disabled) but i am very quick to help those in need, and i have an exceptional knowledge surrounding psychological study so please please contact me if you want to talk about anything regarding the mind or dreams(the sleeping kind). special interest or hobby maybe idk

i often depict myself wearing a mask with a smiley face on it. you'll rarely see me take it off. and no, it's not *directly* dream minecraft inspired, though i've considered the fact i may have introjected him into my personality a bit. i make art sometimes(literally most of us do though) so you can find me on Twitter under @_cyankuro.

while i don't usually care that much unless it's real serious, don't fuck with my system and don't take advantage of anyone(i do mean us, but you should keep this in mind for in general). some things genuinely put us or others in danger and *i will step in and cut you off if i need to.*



Aleph Heavenull

they/them/he

pink/purple/black/blues but I don't have a chosen emoji lmaooo

I have no need to write anything about myself right now, so just know that I exist I guess. Because it could be of significance again someday. For now I'm just gonna play Minecraft and work on my stories and worldbuilding quietly.

I apologize for any unfinished business I had with anyone from the past. I can take some responsibility for it, but not all of it was my fault. It's really complicated, but we're recovering really, really slowly.

Shamans

In this article, we explore the vivid and compelling experiences of an individual living with schizophrenia, offering a detailed portrayal of their delusions. By examining these personal narratives, we aim to provide a deeper understanding of the cognitive and emotional challenges faced by those with this condition, as well as shed light on the profound impact schizophrenia has on perception and reality.

Harry Johnson, 34 yrs., Schizophrenia

I received a diagnosis of schizophrenia at the age of 22. I was probably 25 years old when I experienced severe depression, which led to frequent suicidal thoughts.

I had been attempting to become a successful writer since the age of 20. Instead, I faced dismal failure. I had written approximately 20 books by this time, and none of them were selling at all. I also lost connection to the outside world and the internet. My mother had convinced me that I was demonically possessed and was going to hell if I did not practise Christianity. In a very psychotic state, I decided that if I was going to write, it had to be for religious purposes. This led to the deletion of my philosophical, scientific, and sci-fiction works. The only support system I had was my mother and brother. My mother insisted that instead of taking medication, I should read the Bible and pray for healing.

Here begins my story:

My Experiences with Schizophrenia

Before my symptoms went full-blown, emerged, and took control, I was a young child, homeschooled, and cloistered away from the outside world. I believe I began homeschooling when I was about 8 years old, and shortly after, I began to infrequently hear other people's thoughts. This experience was a phenomenon my therapist would later call a delusion and hallucination, primordial to the full-blown mental illness of schizophrenia.

I remember days when my brother and I would try to read each other's minds. My brother could do it too, so I thought it was real. We would likely engage in that game once or twice a year, becoming too engrossed in religion and television to truly think creatively. I remember playing the game the first time, and my initial guess was "tiger." After approximately five guesses, he finally came up with the name "Tiger." These experiences could have later led to a stronger telepathic "delusion."

It was the beginning of 2011. Nearly a year and a half ago, my meagre qualifications prevented me from finding any work. There was no moving to a new community with more available work opportunities. I was stuck in a rut, receiving half my previous income in unemployment benefits.

It was the day after my birthday, in February. I was listening to some incredible trance music, and I decided to call out to Yahweh (the alien "god') while looking out the window. I had done this before on another date when I was 16, and I had seen a UFO. This craft, burning or consumed by fire, travelled from one place to another before returning to its original position. After a few minutes of listening to the music, I felt energy rise from my spine and into my brain—sensations I had felt before, but not as intense! I was looking out my bedroom window when, suddenly, a blue slash of light appeared in the sky. I was unable to see anything but this bluish, elongated light in the night sky. I felt a beam enter my eyes, and my neck gave way. I had blacked out for only a moment, with my head falling to my chest. I knew something had changed. For the first time, I heard the aliens talk to me. In a loud masculine voice, coming from the skies, I heard: "What makes you think you can select outcomes better than a higher intelligence?"

I immediately crawled over to my notebook, because I could barely walk at the time, and jotted down this message: "What makes you think you can accept outcomes better than a higher intelligence?"I am not sure if those were the exact words telepathically sent to me. At the time, I wasn't sure if I could come up with an answer. I was fully convinced that an alien being had asked me a serious question. I fretfully reexamined my ideas and realised that perhaps this being, through my answers, was informing me that my atheism was interfering with a higher plan. My stubborn atheism collapsed, but only for a while. In a few minutes, I recovered my mobility, but I had this pulsing sensation in my brain every few minutes, which continued for the next few days. It was coming from the centre of my brain and would move down the sides of my neck, later causing neck spasms where my head would bobble.

The next night, it was around 10 p.m. I was sitting on the sofa, and I had my first "euphoric episode." I couldn't move. The "gates of heaven" were opening for me. I heard my dead father whisper something and felt his presence next to me. I saw an angel, and all around me glowed gold, platinum, and purple. It was as if I were seeing a world on top of this one. I was filled with extreme bliss and almost started crying. The storm calmed, and my mind stopped hallucinating. I can't remember everything I saw that night, nor a lot of what I saw the rest of the year.

That night, after the episode, I realised I couldn't walk ten feet without falling to the ground! Was I becoming paralyzed? It was time to go to the emergency room. The emergency squad came and carried me out of the apartment. It was a cold winter's night, and I ended up shaking from the chill. Soon, I was in a hospital bed. I started to slip into an unconscious state, but I knew I had to stay awake to find out what was going on with me. I couldn't walk. My fear had increased, and I could feel panic whenever someone walked into the E-room.

About three hours later, I had drifted into a lower conscious state, hypnagogic. It was as if I was in a trance. The psychologist walked in. At this time, I thought I was hearing the inner voices of everyone around me. I could hear the voices in specific tones that matched how the people would speak. I was in a lower state of consciousness when the doctor somehow got me to answer what I was seeing and hearing.

Apparently, she concluded that I was psychotic! The nurse came in and gave me some pills, and with them, my conscious mind returned.

I was being rolled into the mental health facility at the hospital, out of my mind. I looked at the nurse sitting in the hallway in front of a doorway. I was convinced that they had taken me to a place for telepathic and ghost-hearing individuals. Having little experience with psychological insanity or mental wards, I was unsure of what was happening. I looked at the nurse, and I believed that she was sitting there hearing and seeing ghosts. I didn't think she was a nurse, but some kind of government official who had the same powers that I had. The nurses would walk up to me, and behind some of them, I would see spirits following them. When they asked me questions, I thought they could read my mind, so I was especially careful about what I thought. People walked past me, pacing the halls. As I stared at them, I could hear their footsteps.

When I was first in that white-walled room, 11x6, I was literally driving myself deeper into insanity. I started to see beings that I thought were astral projections of the people in the hospital. They had static-like bodies. If you were to take the static from a television without any input signals, reduce it by 50%, and then allow it to float around you and through walls, that's roughly what I observed. The first day I woke up, I remember looking outside the window and seeing the coal plant nearby, casting fumes into the air. I thought that the nurses were government officials and had something to do with global warming. Reflecting on it all, I find myself questioning how my brain could have so tragically lost its grip on reality. These hallucinations weren't just an altered state of consciousness; they were also a cause for fear and distress, and would be for some time.

Finally, my symptoms had decreased to the point where the doctors thought I could go home. It was about a week and a half. During that first month, I experienced a similar euphoric experience at home. I was convinced that what I was hearing were spirits, and that they had something to do with human destiny. I began to read the Bible, which may not have been the best course of action, but studies have shown that schizophrenics often unexpectedly adopt a religious mindset. I was looking for answers rather than wanting to convert. I mostly read Revelations because it tells of how Jesus and God both come to earth in "thrones" and "clouds," which might be interpreted as spacecraft. I read the part where it says, "Angels are out in front of the churches and are waiting for Christ's return." It made me imagine myself so vividly in some kind of game, a simulation of sorts, where, in the view from heaven, there were just these characters and spiritual beings interacting with one another. It was much like thinking of SIMS or the game Diablo, and I guess that's probably where those ideas came from. Eventually, I put down the Bible and stopped reading it altogether. There were no tangible answers, just verses that constructed an unbelievable story.

I live as though I am crazy, but I am sceptical about whether or not I am a medium. Other cultures refer to schizophrenics as shamans. Our culture refers to us as the insane, providing us with a meagre amount of money while we await our recovery.

Sometimes I want to go off my pills just to see this altered world that is hidden from a "healthy" consciousness. Then I remembered what my doctor said: that going off your medications can reverse the effects of the drugs. So, I know that to do what is best for me, I must stop thinking about such things and move on with what is culturally normal.

I've recovered from taking new pills. These days, the only real problem with my mind is thought-broadcasting. Even sometimes, I experience a scientifically uncategorized type of thought broadcasting, where I see someone from the past and hear their voice as if they were speaking. I can live and go on functioning in society with my voice as low as it is now. I have a plan for myself, and if my mind doesn't want to do it and I fall sick again, then I will pick myself up and try to recover.

Dancing with Chaos

ADHD is very commonly misunderstood. Many people mistakenly believe that the symptoms of the disorder are insignificant, even going so far as to declare, "I have ADHD." However, individuals diagnosed with ADHD often face significant challenges and life troubles as a result of the disorder, a fact that many others may not be aware of. I hope this interview sheds some light on the actual struggles of someone with ADHD. Before that, let’s briefly touch on the history of ADHD.

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder, commonly known as ADHD, is a condition that affects many people around the world, influencing their ability to focus, stay organised, and control impulses. The history of ADHD is both fascinating and complex, reflecting changing views and advancements in medical science over time.

The story of ADHD begins in the early 20th century. In 1902, a British doctor named Sir George Still first described a group of children who exhibited what he called "an abnormal defect of moral control." These children had difficulty focusing, were overly active, and could not control their impulses. This early description laid the groundwork for understanding what we now call ADHD.

During the 1930s and 1940s, researchers began to explore the potential causes of these behaviours. While some believed it was due to minor brain injuries, others linked it to diet or parenting styles. During this period, people used the term "minimal brain dysfunction" to describe children with these symptoms, reflecting the belief that subtle brain damage might be the cause.

In the 1960s, the focus shifted towards understanding hyperactivity as a primary feature. This led to the introduction of terms like "hyperkinetic reaction of childhood" and "hyperkinetic impulse disorder." Researchers and doctors began to recognize that these behaviours were not necessarily due to brain damage, but were more likely related to how the brain functions.

The 1980s brought significant changes to how we understood ADHD. The American Psychiatric Association included Attention

Deficit Disorder (ADD) in its Diagnostic and Statistical Manual of Mental Disorders (DSM), the guidebook for diagnosing mental health conditions. Later, they updated this to include hyperactivity, leading to the creation of the term ADHD. This shift acknowledged that inattention and hyperactivity could occur together or separately.

The 1990s and 2000s saw advances in neuroscience that further refined our understanding of ADHD. Researchers discovered that ADHD is linked to differences in brain structure and function, particularly in areas that control attention and behaviour. This period also saw the development of more effective medications and behavioural therapies, providing better support for those with ADHD.

Today, a combination of medication, therapy, and lifestyle adjustments effectively manages ADHD as a legitimate medical condition. The history of ADHD reflects a journey from misunderstanding and stigma to greater awareness and acceptance, highlighting the importance of ongoing research and compassionate care.

Stephen Thomas, 44 yrs, ADHD

If memory serves, I was between 10 and 13 years old when it all began. I'm 44 now. It's taken me more than 25 years of navigating through life's challenges to find my path.

So here begins my story...

I have two biological siblings who are twins (a boy and a girl). They’re older than me. My brother has always been the one presenting the challenges to my parents. Both my sister and I received a diagnosis of cognitive deficiencies at birth. When I began exhibiting symptoms of Attention Deficit Disorder (ADD) at the age of 8-9, my parents promptly took me to a doctor for a diagnosis. Before this diagnosis, my school bullied, beat up, and literally dragged me through the mud for being "different." That "different" idea was the fact that I was (and still am) a nerd. Much to my disbelief and horror/amusement, that term is a sign of endearment today. How ironic?). Yet, I hold no ill will towards this.

Ritalin was my first prescription after my diagnosis. This was likely due to the fact that Ritalin was either the most widely used or the sole option available at the time. I recall that when I took the medications, I was able to complete my homework and other tasks effectively. Time management was still a challenge for me. I had to start hiding the fact that I took meds for this when I got into high school, as I was getting called names that I dare not repeat, not even here. Other men always imposed this motto on my life: "Buck up, bitch" and "Walk it off." Therefore, I made every effort to do my best. Fast forward to the end of high school, my senior year. During one of my visits to my doctor, he looked me dead in the eyes and said, "You don't have to come anymore. You're healed. See? I told you you'd grow out of it." Since I had no one to compare to, I accepted this as a fact. My naivety was strong back then.

After graduating from high school, I began working, despite the fact that I was still facing the same issues as before, which were now significantly worse. I eventually married. My wife was aware of my condition, yet she continued to love me. Then she passed, two years later. She left me to care for our child, who was a year and 10 months old at the time, and live with my in-laws. They had already expressed dissatisfaction with my ADD symptoms. So, naturally, being the narcissistic assholes they are, they fought me for custody. Through all of this, I was not taking any medication for ADHD at all. My problems started getting worse and worse over the years, and I did not understand why I kept getting this exhausted feeling all the time. So, I moved overseas to get a job that seemed more appropriate for what I wanted to do. When I won full custody, I packed up and left.

I mention all of this because it helps to understand one major aspect of having ADHD. Because ADHD comes with depression and so many other symptoms, most doctors automatically assume that I don't have ADHD. They just assume it's depression and only want to give me antidepressants. This is where anxiety, irritation, and so many other ADHD symptoms rear their heads. It wasn't until 2021 that I found a doctor over here who would help me get the medications I needed to thrive, not just survive.

My ADHD manifests as a variation of these symptoms:

- Wake up, and spend a significant amount of time getting things done (perhaps 20 minutes).
- Stop and stare into the void for as long as you can, or until something interrupts you.
- I struggle with hyperfocus and become irritated when I have to deviate from it.
- I have long periods of complete inactivity, all while the billion thoughts in my head are desperately trying to get something done.
- Mostly non-verbal, they can converse about a topic for hours on end when their dopamine levels spike.

Just to name a few.

However, most of the stereotypical symptoms of ADHD are indeed present. Just the other day, a friend or colleague came into my office and asked a few questions, and while I was talking to her, I realised I had forgotten my watch. Again. I said these exact words to her: "I feel naked. Why do I feel naked?" She replied, "You forgot your watch again, didn't you?" We both laughed. If I don't have something to put on, regardless of how small it may seem, I feel naked and exposed. My watch is the most common thing for me to forget, since it's the least used of my electronics. It used to be my hat, but I don't wear it much anymore. I guess it stems from a sense of anxiety about wanting to avoid the common dreams of "being naked in class" or "being naked on stage in front of a large crowd." That's the type of thing. Events of this nature do indeed occur. What most people don't understand is the frequency at which these types of events occur.

I did ask her a couple of months ago if she had noticed a difference between me now and me from years ago. (For context, we've been friends for over 8 years.) She simply responded, "You're still just weird (awesome weird), but now you're getting more work done, and even ahead of me." So, progress.”

How has familial support been?

My bio family has been supportive in helping me get the "treatment" I need. However, for the most part, I'm known as the outcast of the family. People mostly treat me like a stray, sick dog, occasionally stopping by to say hello.

How hard is it to live with ADHD?

People most commonly describe me as lazy, easy-going, lucky, and weird. People's common misconceptions mostly stem from our outward appearances while we're "stuck" or "in quiet reflection." They call us lazy because our hands are in our pockets, not moving, and staring off into the distance. They never bother to ask what we are thinking about or help accommodate us when we are in this mode. The public appears to be labouring vigorously under the delusion that the loudest and most absurd people are right when it comes to mental health. This is true regardless of whether those individuals possess a medical degree or not. Furthermore, they remain completely unaffected by anyone who holds a medical degree or has been diagnosed with any of these conditions. Therefore, neurotypical individuals, whose brains function similarly to most of their peers, rely solely on biassed, outdated, and severely incomplete information. Therefore, the statement "they have no clue" remains a widely accepted understatement in our current times.

Most people I'd met in my teens and twenties had more or less left any mental diagnosis in the category of "crazy" and didn't want anything to do with it. Individuals with any "disorder" receive treatment akin to psychosis and should be isolated. The situation resembles that of a leper from biblical times. During my 30s, the majority of people began publicly "accepting" situations such as these, yet, akin to a rabid dog, they expected us to join others and not belong to the "succeeding class." Nowadays, people seem to be okay sometimes, not wanting to deal with it or just realising they too have issues. These are just a few things I've seen. I've seen much more than this.

“I’m so ADHD”

Can you imagine struggling every day to keep your thoughts organised, manage your emotions, and constantly lose track of time, all while feeling an intense fear of rejection and criticism by your peers?

I’d like to touch upon the symptoms of ADHD and some lesser-known issues these individuals have to deal with. While the symptoms of ADHD can vary from person to person, they generally fall into three main categories: inattention, hyperactivity, and impulsivity. Understanding the significant impact these symptoms can have on daily life and not trivialising them is crucial.

One of the core symptoms of ADHD is inattention. Individuals with ADHD often have trouble focusing on tasks, especially those that require sustained mental effort. They may struggle to maintain organisation, often misplace items, and succumb to distractions from external stimuli or their own thoughts. This isn't about laziness or lack of effort; it's a neurological difference that makes maintaining attention a constant challenge.

Hyperactivity is another important aspect of ADHD. This can manifest as constant fidgeting, an inability to sit still, or an overwhelming feeling of restlessness. For children, this might look like excessive running or climbing in inappropriate settings. For adults, it could translate to an inner restlessness, where they feel they always need to be on the move or doing something.

Impulsivity is also a significant symptom of ADHD. Individuals may act without thinking, interrupt others frequently, or have difficulty waiting their turn. This impulsiveness can lead to risky behaviours or decisions made in the heat of the moment, which they may later regret.

Beyond these core symptoms, ADHD can also involve mood dysregulation. This means that individuals with ADHD may experience intense emotional responses that are disproportionate to the situation. They might swing from happiness to frustration or sadness very quickly, making it hard for them to manage their emotions effectively. These mood swings are not just typical ups and downs; they can be quite disruptive and distressing.

Rejection-sensitive dysphoria (RSD) is another challenge associated with ADHD. People with RSD have an extreme emotional sensitivity to perceived rejection or criticism. Even a mild comment or slight can lead to intense feelings of shame, sadness, or anger. This increased sensitivity can make social interactions particularly painful and have an impact on self-esteem and relationships.

Time blindness is another common issue for those with ADHD. This refers to a difficulty in perceiving and managing time. Individuals might struggle to estimate how long a task will take, leading to chronic lateness or difficulty meeting deadlines. They might also find it hard to prioritise tasks or stick to a schedule, which can lead to significant stress and disorganisation.

It's crucial to recognise that these symptoms can make everyday life much more challenging for those with ADHD. It's not about simply "trying harder" or "paying more attention." ADHD is a real and complex condition that requires understanding and support. By acknowledging the struggles and offering empathy, we can help those with ADHD manage their symptoms and lead fulfilling lives. With appropriate treatment, including medication, therapy, and lifestyle adjustments, individuals with ADHD can develop strategies to cope with their symptoms and improve their quality of life.

Lorraine O'Sullivan, 29 yrs., ADHD

I got diagnosed at 24. The story has a lot of different symptoms that added up, which I initially thought to be caused by other causes (mild trauma, depression, anxiety, panic disorder, all stuff I have), and which I didn't question as separate symptoms until I started improving on the other fronts thanks to therapy and medications. What bothered me the most were the memory problems, the mood dysregulation (which had gotten better thanks to cognitive behaviour therapy but was still anomalous, not fitting any mood disorder), the rejection dysphoria, the time blindness, and the executive dysfunction.

What do you mean by “mood regulation”?

Mood regulation is the ability to regulate mood in the same way a neurotypical person would. Mood dysregulation brings very stark ups and downs as well as quick emotional changes. Emotions can get overwhelming, and managing them can take more therapy and effort. It's a common symptom in a variety of conditions, including ADHD. My moods have always been extreme, ranging from depression to extremely high energy and optimism—a change that occurs quickly enough for others to notice and comment on it.

What other ADHD symptoms do you have?

Rejection Dysphoria is a strong cognitive reaction to perceived rejection; it can lead to severe depression spikes, as well as self-harm and suicidal ideation. Ignoring it can be challenging due to its overwhelming nature and its susceptibility to even minor triggers. It's one of the most severe symptoms of ADHD for me and many others I know, as it poses the highest risk and can quickly ruin one's day. For instance, let's say I'm singing and someone yells at me, accusing me of being out of tune. This is something that would not affect someone much, aside from perhaps getting offended. However, for an individual with ADHD, it can set off a depressive spiral that can last for hours, if not days. Without preventative measures and coping mechanisms, this can easily lead to self-harm. Of course, what “triggers” depends on the person. Many people, including myself, find it bothersome because even minor interactions can trigger it. I actually steer clear of a lot of conflict and normal interactions out of fear.

When it comes to time blindness, I simply do not have a concept of time. I got a bit better at estimating vaguely how long something might take me, but unless I am looking at the clock, I do not know how much time has passed. It's "I thought it was five minutes, but over an hour has passed" brought up to an extreme. It makes things difficult, for example, at work meetings.

I brought these up with a therapist, and after a lot of tests, the therapist agreed with me and encouraged me to seek an official diagnosis. After nine months on a waiting list, I received my appointment and a twelve-page written diagnosis, confirming my clear-cut diagnosis of ADHD.

What bothers you most about having ADHD?

My biggest issue is probably memory. It's not just forgetfulness. I do not have any recollection of entire events and days, and I cannot retain information easily; I need to write everything down, or I will forget about it. This makes learning new things for professional reasons frustrating, and it makes forming habits impossible. I am the person who needs to consciously remember to brush their teeth.

The second issue is probably undiagnosed comorbid dyscalculia. I have difficulties doing basic maths; I understand procedures, but without a calculator, I am helpless. It makes it difficult for me to memorise numbers in different languages, especially when they follow different schemes, such as in German or

French. Additionally, it affects my sense of rhythm and spatial awareness, which made taking music lessons extremely frustrating when I was younger. The two issues, combined, also make it impossible for me to drive. I received my licence as a reward for my extreme caution, but due to the use of manual cars in Europe, I find myself overwhelmed on non-urban roads and at risk of experiencing a panic attack, making driving currently impossible for me. Panic disorder is inherently physical. I had difficulties processing thoughts and emotions, and they manifested themselves in a somatic way: heart racing, feeling faint, sweating, a sense of dread and doom, dyspnea, chest pain, etc. My social anxiety is more psychological; I am simply dreadfully afraid of human interactions because of past experiences, which makes me assume every interaction will be negative and trigger my rejection-sensitive dysphoria.

How did receiving a diagnosis feel?

Honestly, when I was first diagnosed, I felt relieved. After over ten years of wondering what was wrong with me and finally receiving answers, I stepped out of the clinic and cried because I felt overwhelmed. Over time, it changed into different things: anger at my ADHD, anger at the relatives who should have helped me, relief that my understanding of ADHD was improving, anger towards peers who mistreated me because of my ADHD, but mostly the relief of getting diagnosed stayed. I had acceptance the second I got diagnosed because, as much as it bothers me that I have ADHD, at least I know it's nothing worse and that it's something I can manage in one way or another.

After a blood test, my psychiatrist prescribed me medications. The following week, I had to move countries, so he wrote a report for my future doctor. It was an incredible two weeks during which I functioned exceptionally well. Unfortunately, my country is more backward when it comes to mental health issues. Because my parents never took me to a psychiatrist as a child, the psychiatrist I saw there didn't believe I had the symptoms I did and refused to read the report. So I haven't taken any medications since. I would want to go back to them one day, but waiting lists for a psychiatrist where I live now can be longer than three years, so it's not going to happen anytime soon. I was already on a milder medication to treat some symptoms, and I didn't have any side effects.

Many people seem to misunderstand ADHD. What would you want the general public to understand better about the disorder?

I think the general public treats this disorder as more quirky and light than it is. Even people who have lighter ADHD tend to dismiss me and say I must be lazy or not try hard enough (even when I really do) because they don't have the same severity of some symptoms as I do. I feel there is very little focus on ADHD's temporal, memory, and retention issues, and a bit too much belief that it's just quirky and light.

Parting thoughts

As we reach the conclusion of this collection of interviews with individuals living with diverse mental disorders, it is our sincere hope that you, the reader, have gained a deeper understanding of the profound ways these conditions shape lives. Each story shared within these pages provides a unique window into the everyday experiences, challenges, and triumphs faced by those with Dissociative Identity Disorder (DID), Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder (both Types 1 and 2), Bipolar Disorder with Borderline Personality Disorder (BPD), Schizophrenia, and Schizoaffective Disorder. Through these narratives, we aim to dismantle misconceptions and foster a more nuanced and empathetic perspective on mental health.

Mental disorders are not simply labels or diagnoses; they are deeply intertwined with the personal identities and lived experiences of those affected. The courage and resilience demonstrated by the individuals interviewed in this book underscore the importance of recognising and respecting their struggles. Their stories illuminate the intricate interplay between their conditions and daily lives, highlighting how symptoms can impact relationships, career paths, and personal aspirations. Understanding these impacts is crucial for building a compassionate society that supports mental health in meaningful ways.

Empathy and compassion are essential in addressing the stigma and isolation often associated with mental disorders. Listening to and learning from those who experience these conditions firsthand can help us challenge our biases and preconceptions. It is not enough to merely acknowledge the existence of mental disorders; we must actively work to create environments that are inclusive, supportive, and understanding. This means advocating for better mental health resources, promoting mental health education, and encouraging open and honest conversations about mental well-being.

In closing, let us remember that mental health is a vital component of overall well-being, deserving of the same attention and care as physical health. The stories shared in this book are a testament to the strength and determination of those living with mental disorders. As we move forward, let us carry with us the insights gained and strive to approach each person we encounter with kindness and compassion. In doing so, we can contribute to a world where everyone, regardless of their mental health status, feels valued and understood.