

A Schizophrenic's Apology and Other Essays

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ISBN-13: 9781797921723

DEDICATION

To my father, the rock.

You won't find happiness through me.

*Run,
there's nothing to be found.*

*I don't understand you,
I am stranded in a wasteland of my own design.*

Alone I shall stand and alone I shall die.

Is my purpose to remind you of how much you have?

*Please don't pity this wretched heap.
No one can love me but will they appreciate my torment?
Will someone join me on my journey?*

*Raw emotion,
wailing and flailing through life.*

*Come revel with me.
I'll tell you that I tried.*

*And when they ask where that ephemeral man went,
say that he's found peace.*

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ACKNOWLEDGMENTS

I would love to thank my family, particularly my father and sister, and friends for supporting me on this journey in writing this book. Most importantly however I would love to thank the people who care. Firstly, and fore mostly, I would like to thank Dr. David Moore my general practitioner who has offered amazing advice, reassurance, morale building, motivation, inspiration, and has done a lot of reading to approve the material in this book. Secondly, I would like to thank Dr. Julie Gurner who also approves of the essays and assisted me when I reached out for help despite living continents away. Finally, I would love to thank my Editor-in-chief Kylie Tanaka for putting in the long hours making sure the book was ready for publication.

OPENING QUOTE

“Today a young man on acid realised that all matter is merely energy condensed to a slow vibration, that we are all one consciousness experiencing itself subjectively, there is no such thing as death, life is only a dream, and we are the imagination of ourselves.”

— Bill Hicks

A Schizophrenic's Apology

apology

noun

a formal written defence of
one's opinions or conduct.

Schizophrenia is the archetypal mental disorder. Its wide spectrum of symptoms ranging from the positive¹ to the negative² create a gamut that is the perfect case study for a disease of the mind and soul. Many other mental disorders such as bipolar disorder share characteristics with schizophrenia, for example they are both psychoses, but none strikes at the core of a human being as much as schizophrenia does.

Hopes, dreams, wants, ambitions. All are lost when subjected to the insidious nature of schizophrenia. You can put on a brave face for those around you but inside you're dying. People might think you're high functioning, that it's possible to be normal again. After going through a series of

¹ Symptoms that people do not normally experience such as hallucinations and delusions

² Deficits in normal emotional response, speech, motivation, reward systems, and social interaction.

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psychotic episodes, ranging from non-bizarre to bizarre delusions, you change. You're left a hollow man where the death of ego has destroyed your sense of self and you have to rebuild from square one again. In my own instance it was having to rebuild my social skills, and frankly my entire life perspective, after four years of isolation in my bedroom. Schizophrenia does something to the mind that leaves you quirky and eccentric but, in the end, sometimes you can use this to your advantage.

I'm a thinker, I love to play with ideas. Toss them about, weigh their worth, some might even call me witty or intelligent. Left in my room for four years I had a lot of time to myself. Some ideas such as the fact that I thought immortality and ascension were real and that I had to figure out how to ascend or fade into nothingness were frankly bizarre. That women were omniscient and could read minds was another weird idea. That sleep was akin to death so I would go a few days to a week without sleep. What actually got me hospitalised though was trying to dismantle the world's religions with a secular religion of my own. All from my room. I was left in a dream state, neither awake or asleep. It's all a blur now because of the trauma inflicted on my soul. When every waking moment is a fight for survival you change. Change for the worse.

What's always been crushing about my illness is how much it affects the soul. I like to think that willpower, reason, character, feeling, consciousness, memory, perception, and thinking are all faculties of the mind and soul. All of these faculties tend to shut down from negative symptoms of schizophrenia and this is what people don't understand. The positive symptoms of schizophrenia were scary and traumatising for sure, but the negative symptoms

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of schizophrenia are subtle and pervasive. They creep into every aspect of your day to day life. Making sure everything is a struggle. Making sure it's uphill, both ways. Schizophrenia is a disability and should be regarded as such. That's the position I want to defend here.

Negative symptoms of schizophrenia disconnect you from the world. That love and warmth you felt from your family, that happiness and kinship you felt from your friends, your connection to the world and everything as a whole, gone. You stare at a beautiful sunset and feel nothing. You see your friend in the street and feel nothing. It's this constant disconnection that can lead to disabling depression. Not that one has a mood disorder, they just can't handle the fact that avolition and asociality have set in. Not that you notice these facts at face value but something inside you just knows that something isn't quite right.

I think that's the defining characteristic of negative symptoms of schizophrenia versus depression. Depression you choose to not interact with people, you can feel your body give way and the low energy set in. A schizophrenic though will unconsciously avoid people and they don't actually realise it's amotivation that's set in. You don't realise you're moving slower, and you don't realise there's a thirty second delay in your responses. It's as if depression is a subjective illness while schizophrenia is objective. You need a third-party to note that you're not doing so well. The schizophrenic can be likened to a frog being slowly boiled alive in water. However, schizophrenics typically don't have full-blown symptoms continuously.

What's confusing for some people is that there are periods of remission. For example, when I was attending university, I was medication free and loving life. I was

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tutoring classes of students and giving presentations without anxiety. These days I could probably manage such a demanding workload for a month or two before I regress to severe negative symptoms of schizophrenia. These periods of remission give people hope but here's the disabling fact about schizophrenia: you never know when your symptoms are lurking around the corner.

Like everyone else, schizophrenics have good days and bad days. They are incredibly vulnerable people that don't take the pressures of everyday life well. Family, friends, acquaintances, strangers, all have a huge impact on a schizophrenic's perception of the world and their place in it. The negative symptoms of schizophrenia are such that we yearn for human contact but once we get it, we shy away. This is a natural reflex to being isolated for so long that we just can't handle all the happenings of real human contact. I for one can manage online interactions easily but if you get me in a room with a few people I start good then eventually begin to shut down.

After fighting for fifteen years, I'm losing or have lost, the will to go on. Time and time again I'll get back on my feet, and time and time again I'll have my soul crushed. I think overall, I'm more sensitive to the world's energies than others and they affect me greatly. Anything could send me into an episode of negative symptoms. Be that an alcoholic wreck of a mother, visiting my brother in juvenile detention, stress at university or work, physical sickness or disease, or the more benign cycle of negative symptoms coming and going that I'm all too familiar with.

If nothing changes, the cycle happens every six months. Three months of severe negative symptoms and three months of recovery before relapse. It's infuriating to say the

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least and makes it impossible to hold a job. What I'm trying to get at here is that even with my cycles and symptom profile, and supposedly being a high functioning schizophrenic, I find the condition utterly disabling. I'm lucky though, because I have a good support network around me which relieves the symptoms to an extent. Still, life is a continuous struggle for all involved – my support network, my friends, my family, and myself.

One thing I find unsettling is that even when symptoms are in remission they're still lurking there, ready to flare up when the opportunity arises. Right now, I'm restless because I want company, but I know I can't handle having to try and explain and prove myself. So I use writing as a medium to convey an idea to the world, including myself, without having to interact with others. It's cathartic even to just get some ideas on paper. Still, it frustrates me greatly that I never seem to convey the essence of what it's like to live with schizophrenia. When you get weird stares after pouring your heart and soul into a conversation or piece of writing just for some temporary relief from your symptoms the silent treatment makes you wish you didn't even bother.

All in all, schizophrenics are just vulnerable people that have been subjected to ongoing trauma – my own stems from a prolonged period of isolation and loneliness. I'm still picking up the pieces from having my soul destroyed many years ago and I don't think I'll ever be able to glue the pieces back together, so that it all looks good as new again. I am a broken man, but I think that's where the charm lies. If I was to ever find love, I don't think I could love someone that was perfect. I love abusing my latest addictions – be that drinking, smoking, video games, what have at you – and the comorbid substance abuse disorder is enough to put anyone

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off, let alone the schizophrenia. Sometimes I don't think I can be loved. After dying inside so many times before I don't think I can even love myself, or feel loved, or love another. That's the challenging thing about the situation and I think it just might be the essence of the problem at hand – that I want to love and feel loved, except the trauma of my experiences make it so that I retreat or unknowingly push people away when love is on offer.

I've had many loves. Beautifully broken people. I relish in the fact that my true loves, be that friends, family, or significant others, were as damaged as I was. Yet given my symptom profile they seem to handle life a lot better than I do. As I said, my vulnerabilities leave me disabled when facing the world. I can't imagine a normal life again. Work and play seem like distant dreams. Just feeling like a part of a greater whole feels a distant memory. Eating and sleeping, the ability to nourish and sustain myself, also seem like unattainable goals. Sleep is all but too elusive and my motivation is absent leading me to go hungry rather than preparing meals. Yet somehow there's a flicker of hope, I continued on despite adversity. Why? Why would someone persist in the face of such calamity? Because it's not just about me. I mean a lot to a lot of different people. To end it all would be selfish. If there's something I pride myself on it's my ability to empathise with others, perhaps too well.

Residual schizophrenia mocks you every moment it can. It takes away exactly that which makes someone human and replaces it with nothing. I'm drawing on all my willpower right now, however much that may be, to persist, to continue on. The schizophrenic experiences horror the likes no normal man should possibly be subjected to. I just want to write about my story, but my memory fails me. The

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memories come back in fits and starts. Nothing coherent, nothing linear. It's as if my true self got lost in time. Now there's just a bitter husk. I didn't want it to end like this, living out my days with no love or warmth, not because of an absence of such things but just because I can't feel them anymore.

It's bleak, and I don't think I'll ever be wholly satisfied. Brief moments of respite perhaps, but I'll never be whole, and that's okay. It's okay that I'm suffering, it's okay that I'm not 'normal'. Most importantly I still exist and therefore there's hope for the future. I don't have high hopes but hope nonetheless.

Something really weird about my condition is the abstract thinking and the existential crises. I get caught in a world of my own design where right now I'm struggling with the transitory nature of existence. The finitude of existence contrasted with the infinitude of space and time leaves me in despair. But again, even that's fleeting, so I wouldn't pin it down as a mood disorder. The exact nature of my wildly fluctuating mood is quite bizarre. One second, I'll feel on top of the world, the next I'll be in a pit of despair. One constant is that I don't sit in a state of equilibrium for long unless I've got a flow going. The flow of writing for example is bliss, it's probably why I like to write so much.

So where does that leave me? Negative symptoms of schizophrenia, elevated and depressed moods, substance abuse, anxieties, obsessions, depersonalisation, and if I wasn't on so many antipsychotics, I could only conclude delusions. Hearing voices was never a thing for me, and although I've had visual hallucinations once or twice they're not core to my case. Supposedly not hearing voices makes me a half-baked schizophrenic, though I'd like to intrude on

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that thought and say negative symptoms of schizophrenia are the actual defining characteristic, with positive symptoms being what dresses schizophrenia up and makes it 'look pretty'. To that end, rehabilitation is key. When you first get a schizophrenic, who has just come out of their first psychotic episode, you're usually dealing with a train wreck. For myself that was years of isolation that had negatively affected the way I think and behave. No longer could I go outside and be a member of society. No longer could I hold a stable conversation without tangents into asinine topics filled with loose associations. No longer could I survive without abusing substances. It's taken ten years after the acute phase of my schizophrenia for me to get my life back again so I can string some coherent thoughts together, so that I can go outside with assistance, so that every waking moment isn't trying to get my next fix.

Basically, the idea behind this apology was to reinforce that schizophrenics, possibly more than anyone else, need company. They need an extraordinary amount of help just to get to baseline again after being ravaged by the effects of the disease process. We have effective treatment for the positive symptoms of schizophrenia but the treatment for negative symptoms of schizophrenia are lacking. It requires a robust team of mental health professionals including psychiatrists, psychologists, and psychosocial support workers for there to be any hope of recovery.

But recovery isn't linear. There will be tangents and steps backwards and that's just something everyone on board has to understand. Some days I'll sleep for twenty-four hours. Some days I'll be awake for forty-eight hours. Some days I won't eat. Some days I'll eat too much. Some days I'll get completely wasted off alcohol, which only adds to the

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problems. Some days recovery seems possible. Some days recovery seems but a distant dream. It's all these conflicting pressures – that not only affect your thinking but your mood – that are the crux of the issue at the end of the day. But there's hope, there's always hope, and that's what everyone in the support network, including your friends and family, have to remember when push comes to shove.

We're vulnerable people. We need to be taken care of. We can't fend for ourselves. There's a big, scary world out there that seems like it's out to get us. I'm extraordinarily lucky that I've regained some of my wits and intelligence after a shocking three-year stint of psychotic symptoms. It's taken ten years to recover to the point I'm at now, but I feel like I'm stronger than ever to take on the pressures of everyday life. I want to be a success story. I don't want this disease to beat me. If there's one thing to take home from this all, it's that I didn't have a choice. This is the hand I was dealt, and I've had to deal with it. Despite being vulnerable, a bit moody and temperamental, and overall what appears like a lazy and ungrateful person, I've pushed on throughout the struggle and I would like to call myself a fighter. I hate to admit every bit of this, but I've finally had to accept that I've had a lot of trauma throughout my life and that's left me exposed to the world. That on top of the prevailing negative symptoms of schizophrenia has left me exhausted.

It's a constant battle, but a battle I'm willing to fight. Sure, I'll need a lot of concessions along the way while I get my shit sorted. Still, it's finding the right balance of pressuring me out of this chapter of recovery and into a chapter of being recovered. Though for all intents and purposes it doesn't seem like there'll ever be a 'recovered'

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chapter. More likely than not it'll be a constant struggle to survive and some part of me is saying 'that's okay.' But what I want most out of life is to be loved, and to love another. But that's all a distant dream because I know I'm not capable of love. Schizophrenia's effect on the brain leads to a disconnection from everything, including your sense of self. As previously mentioned, you have this constant disconnect and when you do get a brief moment of respite it all comes flooding back. Your sense of connection, your sense of self, your ability to love. The end result: you end up going back into your shell without realising it. Finding love is a game, a game a schizophrenic wasn't meant to play. Even the word 'schizophrenia' scares potential matches away when you have to break it to them. There's still a lot of stigma out there for this poorly understood disease and that's another facet of the argument in this apology.

The word 'schizophrenia' means a lot of different things to a lot of different people. I'll give the benefit of the doubt to people to know it's not multiple personalities. But I'm inclined to believe they think schizophrenics are raving lunatics, or psychopaths, or capable of murder. Schizophrenics, from my point of view, are people disconnected from reality. Which for most purposes is benign when it involves other people. You're more likely to come across a psychopath than a schizophrenic because the schizophrenic is huddled away at home, unconsciously mind you, because the world is against them. They don't have the motivation or the means to interact with the world. They don't know that they're going under. They're oblivious to their own illness and think that any quirks are merely personality rather than a disease process.

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I've fortunately become intimately aware, through a lot of help from my support services, that I'm undergoing a disease process. Unfortunately, that doesn't make me any better at taking medication or taking on the support offered. To me the medication doesn't make a difference, to others they notice a world of difference. Which is cruel in a sense. If there's one thing I needed more than anything it would be compliance. Just to get me to baseline at least. You get yourself into situations where you don't think you're sick, but when you try to do something it all comes back. Striking at the core of your being.

Schizophrenia is a debilitating disease process that strikes at the core of your being. It truly is a disability in which the only hope of recovery is through family, friends, and a healthy support network. It cuts off your connection with the world and takes away all your hopes, dreams, wants, and ambitions. Yet, there is still hope for recovery. It's this hope that must be planted within all schizophrenics if they are to successfully live the rest of their lives. From my point of view a lot more trauma counselling is in order, and less emphasis on medication and more emphasis on giving the schizophrenic doses of company they can handle so that they may reintegrate with society. Schizophrenia above all is an integration disorder. A disorder that disconnects and only a sense of connection will begin to relieve the symptoms.

Beyond Belief

Schizophrenia is not the go-to diagnosis under any circumstances. Psychiatrists almost feel like they're giving their patients a death sentence when invoking the schizophrenia card. However, the ills of misdiagnosis promote a lot of suffering. An elegant weapon that I now have in my arsenal – which I didn't have ten years ago – is a lot of lived experience and research behind my back. To this day I'm adamant that I've explored schizophrenia in most of its darkest corners and in doing so I would like to impart on my reader the important points of what makes schizophrenia tick.

The typical timeline for schizophrenia is a prodromal phase³, an acute phase⁴, and a residual phase⁵. Let's begin with a typical example of someone going through prodromal phase symptoms.

A rising sports star, an excellent academic, a social butterfly – but where did everything go wrong? Their parents are confused when they drop out of sports entirely,

³ Think initial symptoms but no full-blown psychosis.

⁴ A phase in which psychosis is prevalent.

⁵ Similar to the prodromal phase with perhaps mild psychotic symptoms.

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their grades are failing, and they start spending all of their time in their room. "Perhaps it's just a developmental stage," they think. Honestly, these are the first warning signs of schizophrenia and will be the mainstays of the illness throughout all the phases. All of this happened to me. Without much choice in the matter I ended up placing myself behind a computer and isolating myself. It was hard to get out of bed, it was hard to concentrate at school, everything was just so damn hard not because I was sad, grieving, or feeling worthless, but I had next to no motivation or willpower to continue on in life. I've asked friends and family what happened back then because my memory is vague at best, but they just said I slowly faded away out of memory and out of mind.

Depression is a classic diagnosis for those suffering the prodromal phase of schizophrenia. For all intents and purposes the negative symptoms of schizophrenia (athymia⁶, alogia⁷, avolition-apathy⁸, and asociality-anhedonia⁹) look like depression but aren't depression. You can throw as many antidepressants you want at the individual, but it won't make them any better. That was basically what happened to me. They thought I had a depression but as I said, I lacked the emotional content. There was no sadness, grief, worry, or worthlessness. There weren't even suicidal ideations. I just didn't exist or was connected to reality in any significant sense. Which is

⁶ Reduced intensity and range of emotional expression shown in verbal and non-verbal range of emotion.

⁷ Reduced quantity of speech and conversation fluency.

⁸ Loss of behaviours, interests, motivation, and desires.

⁹ Impaired anticipation of reward, diminished interest in social interactions with others.

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another theme of what we'll talk about, these constant disconnects from reality that a schizophrenic experiences.

I visited my school counsellor almost daily. Every other day he would find me crying outside his office because I couldn't handle the sounds and stimulation that a busy school had. I mostly went there for the company because as mentioned I didn't feel connected to the world in any substantial manner. School counsellors unfortunately aren't prepared for the nature of schizophrenia, mostly dealing with depressed students stressed out with studying. It was no wonder that he eventually just told me to quit school. I was a problem case. No matter the therapy I just wasn't getting any better and being at a school for the gifted I would have brought down their average grade. This would be the trend for I don't know how many years. Off the top of my head it was between the ages of fourteen and eighteen that I would be labelled a hopelessly depressed individual, and I suffered for all those years. It wasn't until my friends introduced me to cannabis that I would get any relief from my symptoms.

Perhaps too much relief.

Thus began my comorbid substance abuse disorder. I would spend my entire pension on cannabis just so I could relieve some of my negative symptoms of schizophrenia. Unfortunately, it wasn't a good coping strategy because as many of you might know if you're predisposed to schizophrenia then cannabis is a fantastic way to bring on a full-blown psychotic episode and the acute phase of schizophrenia. And it did. I had wildly delusional thinking and hallucinations. I had discovered fundamental facts about the world such as the mathematical formula for the universe, the static and dynamic dichotomy, sleep was akin

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to death, women were omniscient, I saw time and space amounted to a cube suspended in a flux while faces flew past, and zombies bashed at my windows at night.

The zombies were particularly interesting because they were both a fear and fascination of mine. At the age of six I was subjected to the opening scene of the video game Resident Evil. I would hide under my bed every night because 'the zombies were coming.' My room was between the entrance and living room of the house so people constantly walked past, and I was left terrified they would eat me.

I remember during one of my psychotic episodes about zombies that my father held me tightly in bed one night. I had come to his door because I had just seen and heard arms bashing against my window. Something inside said it wasn't real but alas I had to call for help. In bed I struggled to be let go. I just wanted to hide, or escape, or something. I knew they had surrounded the house, so my best bet was to wait till they just left. I heard the smashing of glass, the moans – I was terrified. It's only recently I remember these harrowing times, because trauma tends to breed amnesia.

It reminds me of a time when I was actually having a dream and there was a zombie apocalypse again. We fled to Antarctica and in the snow fields I had a full-blown psychotic episode where I saw a zombie on the horizon, and it turned and looked at me. Then vanished, as if nothing was there. Again, it's hard to tell what a dream is and what reality is when you're going through a psychotic episode. Even my dreams were infected by the disorder. I've had many dreams of the zombie apocalypse and a psychotic episode makes all those dreams a reality – an honestly horrifying reality.

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The cube though, that was a mind altering. I got the impression that time flowed in both directions. That my father's existence was as much based on mine as my own existence was based on his. I was the progenitor of my father as much as he was the progenitor of myself. I had a fascination with my father for many years and I can only conclude this delusion, that my own existence propagated his own, was a result of my admiration for him. He was the rock, the stable carer in my life, everything I wanted to be and more. If only I could validate this relationship, then I might feel a whole lot better. I looked up to him because he sustained me when I was nothing but a husk of a human being. He would cook and bring me meals above all else. Which for someone who isn't suicidal, just deeply disturbed and isolated, meant the world to me.

There's a common trend here in that my delusions and hallucinations were wholly based on how I perceived the world. As we'll see, 'philosophical zombies' comes into the equation as well. This was most likely based on the constant disconnect I had from reality. I didn't feel loved, I didn't feel capable of loving. Other people were just sacks of meat to me and that in itself is grim.

It really strikes home that you're alone in the world. Lonelier and more isolated than anyone can possibly imagine. The static and dynamic dichotomy is a little harder to explain. Basically, because the world was what it had been eternally, I was the only one that could move through space and time. I saw people come and go and I had no connection to them because they were automatons, merely reacting to my every move. Basically, I was convinced that I had created all of reality and that I was a lonely god at the centre of it all. I believed there might be other gods out there,

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maybe even that everyone had their own world they lived in, and we could only send messages to each other. Never truly being able to connect, never truly seeing anything past the image we get of someone else's world. Isolation is its own kind of hell.

But, women – women were interesting, because they were a type of oracle. They knew what I was going to do before I even did it. I couldn't handle the presence of women except for my sister who was so kind and nurturing towards me and used her special powers for good. She'd guide me in my struggles and make sure I felt safe. I couldn't trust other women – like my mother at the time. They were convinced I needed the chemical lobotomies – to have my wild imagination taken away so that I became a zombie like them. A hollow man.

My early delusions revolved around the idea that I thought I knew for a fact that the zombie apocalypse was upon us. At times I would literally be in the middle of it, with arms bashing on my windows at night. Other times it was an insidious philosophical zombie scenario where basically I was trapped in hell and there was no way out. "Hell is other people." – as we all know, and I wasn't coping with social interaction at all. Trapped by persecutory and grandiose delusions, with the occasional hallucination, I was not in a good state.

Later on, the religious delusions started to take hold. There was the fact that there was an immortal upper class who propagated the notion of death through sacrificing the lower class – I didn't know who was who, or who I could trust. To those they considered 'worthy', they provided the ability to ascend. Religion was a means to keep the common man from seeing the truth. "Yes, you'll find immortality

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after death,” they said, laughing behind our backs – when the truth was clear that death was the end and immortality was to be found in this life. Everything was a means of control and I couldn’t leave my room in fear of falling into that trap. I had to empower the common man by showing them the truth so that we could all live together in eternal bliss.

What’s particularly fascinating about these religious delusions is my family was never religious and I’ve never been religious, yet they held very true to me. I wouldn’t leave my room except under extreme circumstances for four years. Four years of isolation. It starts to play on the mind after a little bit.

To be considered ‘worthy’, my only hope was to study alone and figure out the truth. So I studied, and studied hard. Reading between the lines, making loose associations, and only when I found the answers, years later at the age of nineteen, did I come out of my room and begin preaching the good word using my secular religion. It effectively came out as what I affectionately now call ‘Wikipedia word soup’. People weren’t happy about this. I was terrified, as there was no way to beat this immortal upper class. They would try and shut me up with chemical lobotomies, which at the time was a healthy dose of antipsychotics and mood stabilizers because of the schizoaffective disorder diagnosis I had picked up in previous years.

I tried to regress back to my room, but they’d found out about my plotting to overthrow the upper class and sent me to hospital for what was now the third visit. Somehow it was the second visit that pinned me with schizoaffective disorder, and a community treatment order. The first hospital visit labelled me depressed. What’s fascinating

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about the schizoaffective disorder diagnosis is that at the time they didn't know I was suffering from type 1 diabetes. A simple blood glucose check could have been part of my full physical, but it was not.

They took my drugs away from me, they took my beloved research away from me, they took my liberties away from me. I spent three months in hospital, the maximum stay in Australia, and in the interim I got angry. It was supposed to be a weekend stay they said – anything to get me through the door and into the acute unit. I lost my shit. I began to bash my head against the wall until it was bleeding. I nearly knocked myself unconscious, but it was a solid dose of haloperidol and midazolam that did the job. I woke up the next morning a little cheery and the nurse looked at me and went, "You don't remember anything do you?" Supposedly I had gone into shock with my blood pressure reaching near fatal levels. So, if I wasn't doing a good job killing myself softly on the outside, they were doing a fantastic job nearly killing me on the inside.

I made some friends, but they were being weirded out by my elaborate theories of space and time. I mostly wandered the corridors alone muttering things to myself and pacing around. By the third month though I somewhat came to. It was as if a fog was lifted from me. No longer was I wildly psychotic, no longer was I in a dream state of being neither awake nor asleep, no longer did I have any substance behind my elaborate theories. Still, something made me hold onto those theories, and they've governed my behaviour to this very day. I still study a lot trying to find the 'truth', I still hole up in my room most of the time because I was so isolated for so very long, and company is exhausting. I still think there's a natural, but probably not intentional, control

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system for the masses in place – just without such a bizarre twist.

Fortunately I was rid of my crippling cannabis addiction in those three months. I've done 'research' since then to see if it's right for me, and the research points to the negative. Unfortunately, I moved to alcohol and that's been my nemesis ever since. Alcohol and cigarettes, basically my life for a number of years. Somehow, and this is probably the most extraordinary aspect of my story, I managed to get a university degree after my solid three months stay in hospital. I got a Bachelor of Computer Science and Technology at the University of Sydney. I developed a love for computer science during my studies of the universe from the seat behind my computer and it's partially how I explained the world away. To this day I still have a 'Social Application Programming Interface (API)' in which my Social API was carefully constructed over a number of years while I was at university. Now I can appear completely normal if I'm not going through severe negative symptoms of schizophrenia, i.e. a relapse.

So, I exited university and decided to join the workforce. However, the pressures of everyday life and trying to find 'my one true love' put too much stress on the system. I came back to the mental health unit and was promptly put on an injection of aripiprazole and a decent dose of amisulpride and lithium after my fourth hospital visit. I wasn't doing too well in the negative symptoms of schizophrenia department. On two separate occasions, without the doctor remembering me, I was given a diagnosis of negative symptoms of schizophrenia, yet I was supposedly 'high-functioning'. Well I didn't feel high-functioning. I had lost my job, I had lost my friends, I was nothing to my family, I

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was a wreck. I felt completely disconnected from my friends, family, and the world at large. It's this disconnect from reality that fuelled the avolition-apathy (abulia), athymia, asociality-anhedonia, and alogia.

I would continue to search for love, and I was desperate. That's another story entirely but after having expectations not met, I regressed into my shell. After the seventh hospital visit, they promptly attached a substance abuse disorder label onto my case along with schizophrenia and called it a day. Sure, two to three litres of wine a night is probably not healthy, but seriously, another label? This is when I got frustrated, this is when I decided to learn more about my condition. This is when I gained a lot of insight.

Everything fit into place, the prodromal phase, the acute phase, and what I was now experiencing, the residual phase were all examples of someone progressing through one of the schizophrenias; whatever schizophrenia that may be. I was still labelled schizoaffective by my main mental health team because they absolutely abhor changing treatment plans. I'm of the opinion that my sleep, diet, hygiene, and mood were all negatively impacted by the schizophrenia.

In and out of employment, living off savings, delving into the virtual world time and time again. All of that amounted to a lot of suffering. I was fortunately considered and put into a program called Community Living Support which allowed me to go on walks and have a chit chat with mental health professionals. They came to the person in question – rather than the impossible expectations that regular appointments at a designated location have, in assuming it is easy to leave your house. However, over time, they kept pushing. They knew I was witty and intelligent. They knew I was high-functioning and they wanted me to

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be a success story. Unfortunately, I wouldn't budge. These days they come to me and ask, "What's something constructive you could do for you recovery" I just want to tell them I need a friend. Outside their jurisdiction would be my guess.

I met my lovely general practitioner about three years ago who is genuinely my friend. He's been a huge boon to my recovery and makes recovery seem possible. He just 'gets it', though that doesn't help much with negative symptoms of schizophrenia because there aren't many treatment plans out there, or research for that manner, relating to residual schizophrenia and jumping back on the horse again. Nonetheless he's a gentle soul that's just as crazy as I am, which is comforting.

In writing this I feel like there is hope for recovery. It's a slow process and when you feel well you just want to jump back into the fray and start living your life again. But it's a slow, ever so slow process that requires a lot of thought and effort on the part of the schizophrenic. In sharing my story, I hope some have seen the horrors, and some have seen the hope, for the schizophrenic. I've been told I'm a good writer, brilliant even, but honestly, I'm just speaking my mind. I've gone through some harrowing experiences and I feel like, sometimes at least, they've made me a little stronger. So, to all you schizophrenics out there: you'll be weighed, measured, and found wanting. It's up to you to put on that brave face every day and rely on whomever you can to get through this debilitating disease.

I'm Not Mad, Just Misunderstood

Feeling misunderstood happens to everyone. It's just a matter of fact that some of your most fanciful ideas can leave the room staring back at you blankly. This happens a lot when I talk about my delusions – perhaps the scary part for people is that the delusions hold some truth. It's embarrassing, frustrating, even maddening that these beliefs, that've held so true to you for a time and perhaps still have a sway in your opinions or behaviours, just get people thinking, "How could you ever believe that?" Though on the flip side there's people who think, "Bollocks, you never believed that!" which is equally maddening, as they don't appreciate the web of lies the mind can spin to survive terrifying situations.

I think the biggest misunderstanding we have is of ourselves. For the longest time I thought, "I'm not traumatised, I had a good childhood, I just had a bad experience when I was a young adult." Unfortunately, I misunderstood the situation entirely. One example that rings true for me now is my fear of and fascination with zombies. I had been traumatised at the age of six watching older people play Resident Evil, 1 and 2. I thought this was a

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joke that no child actually really believes there's an impending zombie apocalypse, but funnily enough I did. This deep-seated fear was prevalent throughout my dreams, I became a zombie when I became a full-time stoner. It was a living nightmare when I was delusional and hallucinated about the zombie apocalypse.

What's really frustrating is explaining a mental disorder to those that consider themselves relatively mentally healthy. Trying to explain depression, mania, delusions, hallucinations, compulsions, anxiety, whatever, is an exercise in frustration because even if they've experienced deflated or elevated mood before, they're not you right now. I've had a lot of peer support workers with lived experience of mental health issues say the most obtuse things to someone currently suffering their exact condition because it all seems so easy on the other side. This is one thing I'm taking forward when I talk about recovery from now on, that it all seems so easy once you've recovered.

Being misunderstood isn't just frustrating, it's isolating. One of my hopes of writing about my own experiences, most importantly while my symptoms aren't so severe that I can't write but severe enough that they're definitely apparent, is to give a little hope to others who might read it and think: "Hey, there are other people out there." Isolation is kryptonite to the schizophrenic, the symptoms feed off of it, and if I can relieve the symptoms of another schizophrenic even for a moment then it was all worth it.

Anyways, I've had my darkest times while feeling isolated. Periods of complete disconnection from reality. Ego-death because you realise you'll probably rot away here and your sense of self starts to deteriorate. That's when it gets really crazy: when you don't fear death, life is just a

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ride, you're literally the imagination of yourself. Everything starts to break down and when others finally find you in this mess of misunderstanding, they don't understand but they do know you need help.

It takes a long time to develop an understanding between two people. Like my father and me. I don't think he'll ever understand my illness and on the contrary I don't think I'll ever understand why he still cares. What we do understand is the distance we need to provide each other to live together, which is basically minimal talk unless it's about making money or 'good things'. People see my loving, caring father and think I'm in the best possible place I could be. What he yearns for though is for me to strike up independence, make it on my own, because he won't be around forever. Unfortunately, I don't have a license, I don't have a job, I don't really have anything at the moment but the new connections I fostered recently, and my writings which are part of my recovery process.

A lot of people misunderstand those who are going through the recovery process. They feel helpless because this person for the most part isn't willing to help themselves. What can others do to help those that won't even help themselves? It's really love and support that any mentally ill person needs to bootstrap them into the recovery process, not a list of tasks they need to complete themselves to 'get better.' It's like when I'm having a bad day and I know I'm going under into negative symptoms of schizophrenia. I'll desperately call around because I can sense the disconnection coming on, I need someone, anyone to give me the time of day so I don't relapse. There usually is someone, but they're like "What can I do to help? I feel so helpless!" and I'll respond, "Just keep talking, tell me about

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your day..." and that's soothing, it's food for the soul. To feel a sense of order in the chaos is all it takes to relieve some of the symptoms. Maybe, just maybe, people understand that.

A mentally ill person has people misunderstanding them, they're misunderstanding themselves, but most importantly the person in question is misunderstanding other people. I had a discussion today which basically highlighted that when we think people are judging us, we're actually judging them. Which is ironic isn't it? I think above all else this fosters the sense of disconnection and isolation as paranoia in the extreme case sets in. We misinterpret people's actions and behaviours towards us, and this breeds a lot of different symptom profiles in various different mental health issues. The socially anxious person breeds anxiety, the depressed individual breeds feelings of guilt and worthlessness, and the schizophrenic breeds paranoia. All because maybe someone looked at them then quickly looked away. Something as simple as that. It just doesn't occur to them that perhaps the person let their gaze wander and accidentally locked eyes with your own.

Misunderstanding after misunderstanding, where does it all end? It doesn't really, until a sense of connection and trust is established between the mentally ill individual and someone they consider worthy of that trust. For myself it's between my doctor and me. I travelled four hours in total today to visit my doctor for my weekly check-up after moving a decent distance away from his practice. And you know what? It was worth it! It centred me, it got me thinking correctly again, it was therapeutic, and he isn't even qualified to give talk therapy, I think. It's all about trust and a sense of understanding at the end of the day.

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Things I value dearly after being deprived of them for so long.

So mentally ill individuals get relief from their symptoms when they feel like they can trust someone and have a sense of connection. The next step is to have them feel part of a community. Even if that community is just something small, like a life drawing class, there's nothing more therapeutic than a shared activity and feeling human again. But mental illness propagates a whole lot of stigma and misunderstanding. We're not raving lunatics. You're far more likely to find us holed up in our rooms waiting for our demons to stop tormenting us than out in public being a nuisance. The 'raving lunatics' are the exception not the rule, yet even then they probably need a sense of connection and community more than anyone else. They're alone, frustrated, out of place, and out of their mind. I can only imagine they got that way because they felt misunderstood and it felt like the world betrayed them. I know I feel like acting out when I get into that position.

Still, there's something to be said about people who are mentally ill and part of their symptom profile, which I'll subscribe to, is that no matter what they don't feel the love and can't reciprocate that love. People distance themselves from you, they think you 'need time', but honestly what that person needs is a god damn hug! I've gotten hugs recently and it made me feel a lot better. It was the start of my recovery process in fact. Still, I think I was just ready at the time to feel the warmth in the embrace. Other times I don't get that warmth which is a little sad. It's definitely hard when being touched is problematic and scares you. Touch is such a strong sense and really makes you feel human. When

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you can't even appreciate touch, something is seriously wrong.

The catch here is that the person who despises touch is probably yearning for it. They just don't know how to receive it properly. They can't handle the stimulation, they can't handle the sense of connection they've been deprived of for so long. It's mostly down to a misunderstanding of how the person should best be approached. Maybe start small like chatting to them through text. Move onto the phone, which includes vocal inflections – which they might lack. Then progress to being in the same room as them, which introduces body language and facial expressions. Finally gauge the moment they need a hug or to just have their hand held. It's a slow process of attunement that everyone suffering any kind of mental illness needs.

I at least seem to have huge misunderstandings between myself and women, and I think it goes both ways. When I was on Tinder I got a surprising amount of matches I thought, and even met a girl. We had a lovely time at a jazz bar. She did understand that she'd have to make the moves because I was so not in tune with the situation from inexperience, but she didn't understand she was moving too fast. Taken aback by the surrealness of taking each other's clothes off I just felt the situation was completely out of place. But I was strong. I said to her calmly and sincerely that everything was going too fast and I just wanted to talk. So, we talked all night and she figured out that what I was offering, which was love and affection, not a one night stand, wasn't the thing for her. But then, plot twist, I misunderstood the situation and thought there was reciprocated love. What a fool I am, and I had to learn the lesson the hard way that some things just aren't meant to be.

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Finding those people in your life that you can trust is incredibly challenging. Unfortunately, my network of trustworthy individuals is mostly male. I don't know if it's just the nature of my situation or something, but I seem to be a real turn off for girls when I misunderstand the situation and think they actually care. So, when push comes to shove and feelings develop it's too much for them and they either tell me to go away or just stop talking to me entirely. This does beget a sense of disconnection and removes an important part of life. A sense of romantic love I think is incredibly important to overall well-being, yet the schizophrenic, or anyone challenged by mental health issues, seems to discover that it can be a daunting challenge to get past the net of misunderstandings.

People you're interested in can smell the desperation. They can detect you're not healthy, that you're not breeding material. Above all else, and I've been told this many time before, never go into a relationship thinking it will fix things. A common misunderstanding that I have to constantly remind myself of is that, "No, they can't save you, and you can't save them." The latter part of that sentence is important because I seem to seek out problem cases like my own because I feel broken therefore I have to find someone as broken as me. What a futile exercise.

What's seriously challenging is trying to get others to understand your intent. When you crave to be 'normal' despite your vulnerabilities you tend to act desperate as described above. This desperation turns into frustration when it's all a big misunderstanding. You don't have any intention of just 'getting laid', you dream big and of the future because you were just given a hint of hope – so you're outside interacting with the world again. But they never put

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you down gently. For most people my age, their twenties, this just isn't their thing. Then there's a misunderstanding on your side. You start to think nobody thinks the same way you do, or that you'll never find your kindred spirit. Again, a sense of disconnection, and you go back into your shell only to come back when a glimmer of hope shines down upon you, or something forcefully pushes you back into society.

There's one thing I don't think anyone, including myself, misunderstands and that is we're all struggling. We for the most part can't put two and two together. Mental health and love just being two examples. Another striking example of connection that's often misunderstood is online friends. I played a lot of video games, especially back in my teenage years, and I made genuine friends. Friends I've known for over a decade now. We still talk, though I play a lot less video games and they do too. But it's real connections in a safe place, namely behind your computer screen. Where you don't have to take into account body language and facial expressions, just vocal inflections if you're into voice chat. Otherwise not even that.

Still, only having online friends, which I did for four years of my life, makes your whole world a lot smaller. It's as if there's nothing outside the closed door of your room. You turn inwards and your mind starts to play tricks on itself. Your world is filled with disembodied voices and you yearn for those voices to recognise you. You try to act brave and just lose yourself in the game, not letting them know about the tricks your mind is playing. The people I played with for four years while suffering from acute phase schizophrenia knew nothing of my disorder. The video games centred me, they gave me a world I had control over,

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they gave me a reason to live and I'll always value that. Friends, goals, ambitions, a community, I became addicted. Still I was never understood because I always put up a facade. These days I go to them for some of my problems, but it always falls on deaf ears. They were never there to help in that capacity. They played video games to lose themselves in another world, not to be reminded of the real-world lurking outside that closed door.

What I find amazing, and something I've misunderstood for many years, is that I actually have been living life, and my writing testifies to that. People are like, "My god, how do you write so well?" Which I'm tempted to respond with, "I've lived a life of yearning to love, filled with fear that made me grow up very quickly in certain ways, yet in other ways not at all. I'm basically a teenager with an old soul, in a twenty-something's body." I've lived my life to its fullest despite my vulnerabilities, behind closed doors.

Human, All Too Human

Dementia praecox, now known as schizophrenia, is one of the greatest burdens on health systems today. Yet schizophrenia basically tells us what it means to be human. The schizophrenics I've met have been empathetic, sincere, but vulnerable, lost souls. To get closer to the root of the problem we'll want to take a closer look at some history and compare it to the current state-of-the-art in the treatment of schizophrenia and the treatment of the schizophrenic themselves.

Defined by Emil Kraepelin late in the nineteenth century, dementia praecox was distinguished from manic-depression¹⁰ as one of the psychoses. The fundamental difference between these two conditions was whether the psychosis was mood congruent (in the case of manic-depression) or mood incongruent (in the case of dementia praecox). The diseases also had different courses which was a huge discovery in terms of mental disorders, and some suppose that Kraepelin's dichotomy between the differing psychoses still holds. In terms of manic-depression the disease was typically episodic. While back in the days of Kraepelin dementia praecox was signified by the functional

¹⁰ Which included unipolar and bipolar depression.

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decline of the psyche that was thought irreversible. Two different courses but similar symptoms. However, these days there's also an 'in between' diagnosis called schizoaffective disorder which is basically what you get when you staple schizophrenia (dementia praecox) and bipolar disorder (manic-depression) together and breaks the concept of Kraepelin's dichotomy.

What's curious about the initial classification of dementia praecox was the huge number of symptoms. Alogia, avolition, aporia, analgesia, aboulia, anorexia, asthenia, amenorrhoea, and apophany, ..., and that's just a few that start with 'A'! Eugen Bleuler in his redefinition of dementia praecox as schizophrenia basically suggested the distinctive characteristic of the disease could be surmised in the four A's: blunted Affect (by which there was a diminished emotional response to stimuli), loosening of Associations (now known as derailment), Ambivalence (the inability to make decisions), and Autism (a loss of awareness of external events and a preoccupation with the self and one's own thoughts).

Curiously enough, the initial classification of schizophrenia by Bleuler focused mostly on negative symptoms of schizophrenia which I still think holds true today. The modern four A's are athymia (blunted affect), avolition-apathy (aboulia), asociality-anhedonia, and alogia (poverty of speech), though I can respect Bleuler's initial definition particularly in regard to his four A's. The four A's mostly focus on a sort of cognitive deficit which have been apparent across the history of schizophrenia even after effective treatment was found for positive symptoms.

One of the curious changes in the course of history of schizophrenia was the introduction of Schneider's 'first-

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rank symptoms.' Bleuler says: "The fundamental symptoms consist of disturbances of association and affectivity, the predilection for fantasy as against reality, and the inclination to divorce oneself from reality."

While Schneider's fundamental symptoms include: auditory hallucinations (considered one of the hallmarks of a schizophrenic today), thought insertion, thought broadcasting, thought withdrawal, passivity experiences¹¹, and delusional perceptions¹².

As opposed to today's fundamental symptoms, which are mostly based around Schneider's first-rank symptoms, I think it's sad that schizophrenia's initial list of a fundamental symptoms rings so true for me. I feel like I was lost in time, a product of another age, yet I still feel that a lot of people feel that Bleuler was right and Schneider wrong. That Schneider's symptoms are just by-products of the fundamental symptoms that Bleuler laid out. I think schizophrenia is an illness of myth and historical forgetting, propagated by movies and mass media. It's only when you look at it as it evolved over time do you see where it warped and shifted into the weird psychosis-based diagnostic criteria we have today. Psychosis is the extreme but there's something more fundamental that feeds the psychosis, something more sinister.

Schizophrenia was lost for a time with the rise of Freud. Psychoanalysts apart from Jung were terrified of schizophrenia and in 1914 Freud had noted of

¹¹ The belief that one's thoughts or actions are controlled by an external agent.

¹² The belief that a normal percept has a special meaning for the individual.

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schizophrenics: "Patients of this kind ... display two fundamental characteristics, megalomania and diversion of interest from the external world-from people and things. In consequence of the latter change, they become inaccessible to the influence of psychoanalysis and cannot be cured by our efforts."

What a statement! Basically throwing the schizophrenics out on the streets, or more appropriately, leaving them in their homes. With a "diversion of interest from the external world" this damning statement shows exactly what people used to think made schizophrenia tick. I think it holds very true even today. Which is shocking. Schizophrenia has become diagnosed using psychosis-based criteria because that's what our drugs are most effective at treating, or that's what I suppose anyways. It's these insidious negative symptoms of schizophrenia and the thought disorders apparent in schizophrenia, which is almost a disease of language, that truly affects the schizophrenic's ability to process the world, and the psychosis is merely a by-product of this disease process. A "diversion from the external world" rings so true, again and again. Freud knew exactly what was wrong except he didn't have the treatment techniques to relieve symptoms. An absolutely horrid statement for its exclusion of the schizophrenic as 'subhuman' but absolutely beautiful for its insight. Thanks Freud, I guess.

Notably there have been advances in schizophrenia as a concept. Out with the subtypes they said. In the latest diagnostic manuals the subtypes of schizophrenia have vanished. No longer is one classified into one of paranoid schizophrenia, disorganised schizophrenia, catatonic schizophrenia, undifferentiated schizophrenia, residual

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schizophrenia, and so on. These labels were too readily changed over time as more information and data points were added to a schizophrenic's case. Ultimately with effective treatment all schizophrenics become residual and that's exactly what happened to me. I was effectively treated with a handsome course of antipsychotics leaving me with negative symptoms of schizophrenia which have remained untreated to this day. I think it's the reconceptualisation of schizophrenia from a disorder of a "diversion of interest from the external world" to one of psychotic breakdowns and scary hallucinations and delusions that have caused a lot of people to miss the point entirely. It's all too late when people start having psychotic breakdowns. The treatment needs to be sooner. That's the terrible part of this history. We had such good descriptions for what made schizophrenia tick, and which could diagnose someone schizophrenic before the worst occurred. Yet we're still stuck in this 'worst-case scenario' mindset because schizophrenia is so stigmatised and so ill-conceived in today's world. Again, I use the phrase 'raving lunatic' to capture the public's image of schizophrenia when it's sadly so far from the truth. If only more schizophrenics could tell their story. Their heart-wrenching, devastating stories. Yet the academics sit in their ivory towers with higher-ups determining the aspects of schizophrenia most threatening to the public. We live in a world of fear, when all the schizophrenic needs is a world of love and nurturing. Perhaps, just perhaps, the schizophrenic will then leave their artificial reality behind and join all of us in the world again.

From the 1950s onwards with the discovery of antipsychotics the horrible history continues in terms of schizophrenics being considered vending machines. Put

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antipsychotics in and receive a calmer individual out. But there's something more fundamental that I think psychiatry is missing. It's this sense of disconnection, inward facing thoughts and feelings, lost in a world of your own design. This is what frustrates me about the conceptualisation of schizophrenia throughout the ages. We had it so on point, our initial classifications thought about the root cause rather than the by-products of the disease process. These days, as I said, we're vending machines and now we have more sophisticated control techniques like fortnightly to monthly injections of antipsychotics. It's this sense of control that reassures the public but leaves the schizophrenic thinking all their liberties have been taken away from them.

Which has pretty much been schizophrenia's course in history. People locked away in asylums, getting the exact opposite treatment to what they need. Yet still, even with outpatient programs in today's day and age, where the schizophrenic gets some semblance of autonomy back, the treatment just isn't there. I'm incredibly fortunate to be linked into a psychosocial support program. But it's a time-limited service and I basically have to 'get my shit together' before my time with them runs out. The pressures to recover are real, in a world that seems to be moving ever so fast. I want a world where I have a sense of control. When I lose that control, I shy away and regress into negative symptoms of schizophrenia, though that's just my own symptom profile. Some might go the opposite way and be engulfed by positivity like hearing voices or becoming delusional, which I did for a time. What I really need to do is sit down with a trained psychiatrist and pick their mind for what they think makes schizophrenia tick and why our current treatment plans seem to be lacking. However, the

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public system definitely doesn't accommodate high-functioning schizophrenics – that want to get to the root cause of the problem, that want to have their voice heard – such as me.

We're treated by the lowest-common denominator, a worst-case scenario sort of deal. It's fear from the public system that persists my injections of antipsychotics and my healthy dose of pills in the form of additional antipsychotics and mood stabilisers. The alternative choice to having my injection? Hospital. Hospital is where you're effectively incarcerated, and all your liberties are taken from you. All sense of control gone. It's a scary place even though they look more like hotels than prisons these days. The impression that we're 'helping' these people is in the decorations. But when do we consider someone incapable of making decisions on their own? That's a good question. Hospital, and losing all liberties, is actually an upshot from the fatigue, homelessness, and starvation a lot of schizophrenic's face on the outside – which is unfortunately all too common. I'm incredibly fortunate to have a loving family that supports me through the disease process, even if we sometimes haven't been the best off. I can't imagine living on the streets because the system has failed me, to be a 'tag and release.' A vagrant that comes and goes in and out of hospital for a brief moment of respite.

What's fascinating about schizophrenia is it attacks exactly that which makes us human. All too human. Are we any less human for having the essence of what it means to be human taken from us? Or are we more than human for being so vulnerable, so empathetic, so sincere? I for one feel the energies of the world assault or soothe me day to day. It might sound a little spiritual but at this point it's my best

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description for the hypersensitivity to an environment that a schizophrenic experiences. It's as if we have no filter, some might say a 'sensory gating deficit.' All I know is that it can be hell when your temperament is solely determined by shifts in weather, season, population density, traffic, or most importantly the shifts in the temperament of others. We feel it all. Every smile, every tear, every scowl, it hits far too close to home. Perhaps we're more human than we initially think.

Which is sad in a sense because as I've tried to learn in my nearly thirty years of experience, a lot of other people have boundaries, barriers, facades – a distance that tends away from others to protect their ego and sense of self. I don't believe schizophrenics have this. Or if they do it's maladaptive coping mechanisms such as the negative symptoms of schizophrenia. That's perhaps one of the contributing factors to a schizophrenic's vulnerabilities, this inability to protect one's sense of self. Not only is the external world fragmenting this sense of self, literally what it means to be human, but schizophrenia is almost like an autoimmune disease that attacks the self. In extreme cases this comes about as hallucinations and delusions, which are actually far less prevalent than in the movies. But the big question in this essay is how does schizophrenia relate to human history, our sense of self, and ultimately the human condition?

A schizophrenic's functional decline might be all too much for most people to watch because it exemplifies what it means to have your humanity taken away from you. The public is scared of this degeneration into madness. I just don't know a good way out. Sure, we need help but are our current methods up to scratch or do they just remove the

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parts of the schizophrenic that are too much for society to handle? Is it a life worth living? One filled with no positive symptoms of schizophrenia, such as hallucinations and delusions, but filled with negative symptoms of schizophrenia such as Bleuler's four A's or the modern four A's previously mentioned. Are the negative symptoms of schizophrenia a part of the disease process or the natural symptom profile of a 'lost soul'? Is schizophrenia essentially a 'disease of the soul'?

The simple fact is that this is a problem of perhaps being 'too human.' Too vulnerable, too empathetic, too sincere. That yearning to feel connected and being left outside in the rain. Looking through the window at the happy family eating around the dinner table. Wanting something more, wanting something real. Instead having to concoct your own reality where perhaps it doesn't hurt as much, or maybe it hurts more but at least you feel alive. There's no simple answer to feeling different, being 'too human'.

Am I Mad or Depressed?

What separates depression from the negative symptoms of schizophrenia? A question I've never been able to get a good grasp on, perhaps until now. Let's explore what makes depression and negative symptoms of schizophrenia tick. Why are most schizophrenics who ask for help initially diagnosed depressed? How can these two conditions be comorbid and how do they play on each other? And, how do these conditions play into the human condition? A lot of questions and hopefully we'll find some answers.

Depression is an incredibly common mental disorder. Major depressive disorder, the most severe form of depression, affected 3% of the world's population in 2015. That's just people currently affected, with lifetime rates being between 10-15% depending on if you live in a developed or developing country; surprisingly you're more likely to get depression in a developed country. The most common time of onset is in a person's 20s and 30s. Females are affected twice as often as males. But what is depression? From the ICD-11, the latest diagnostic manual for psychiatry internationally, we find:

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A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue.

Schizophrenia on the other hand is a less common but equally disabling mental disorder. Schizophrenia, the most severe of the psychotic disorders, affects roughly 1% of the world's population. Prodromal phase symptoms (think initial negative symptoms but with no psychosis as of yet) usually has an onset years before the 'psychotic breakdown' takes place. An example would be prodromal symptoms starting at the age of 14, and a psychotic breakdown beginning at the age of 18. Schizophrenia curiously affects more males than females with males having an earlier age of onset around 18-21 while females have a typically later onset between the ages of 25-30. But what is schizophrenia? From the ICD-11 again, we find:

Schizophrenia is characterized by disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganization in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behavior are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g.,

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loss of motivation), affect (e.g., blunted emotional expression), and behavior (e.g., behavior that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organization of behavior). Psychomotor disturbances, including catatonia, may be present. Persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control are considered core symptoms.

From those descriptions of the illness we find that the difference is in the emotional content. "Feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death and suicide..." are the markers of depression while for schizophrenia we have "disturbances of association and affectivity, the predilection for fantasy as against reality, and the inclination to divorce oneself from reality." From this we can gather that a depressed individual is 'there' but with a persistent low mood while someone suffering from schizophrenia is 'not there', in a sense, with disturbances to mood or in the case of negative symptoms, diminished expression. From experience, negative symptoms and depression seem to feed off each other so a differential diagnosis seems to be in order most of the time. Is it the symptoms of schizophrenia creating a secondary depression or is it the symptoms of depression fuelling a secondary psychotic episode? Never self-diagnose and always consult a trained therapist such as a psychiatrist to make this differential diagnosis possible.

It's also not surprising that prodromal phase schizophrenia can so easily be mislabelled. Depressed episodes are common in teenagers which is prime time for

the prodromal phase of schizophrenia to begin, at least for males. Given their outwards appearing similarities and other complications going on in a teenager's life it's far too easy to prescribe an antidepressant and call it a day. It requires a skilled professional to do the differential diagnosis and even then, they don't always get it right. A schizophrenic might say "I just feel different from my peers." That's all you've got to work with, no wonder it's so hard. If I had to state what made my prodromal phase schizophrenia different from depression it's the absolute destruction of functioning I witnessed. Schizophrenia just destroys any capacity to go on. It's unfortunately a slow functional decline but if help is sought early perhaps one can actually avoid, what seems these days, the inevitable psychotic breakdown. Avolition I would say is the main contributing symptom to this functional decline and hopefully more scales of assessment for negative symptoms are used in teenagers to identify the problem early and link them up with early intervention services.

The modern conception of negative symptoms is that they fall into two main clusters. That of diminished expression (reduced behaviours related to the expression of emotion) and avolition (loss of behaviours, interests, motivations, and desires). These clusters can further be split into domains. Diminished expression has two domains: athymia (reduced expression and range of emotional expression shown in verbal or non-verbal modes of communication), and alogia (reduced quality of speech and loss of conversation fluency). Avolition can be split into three domains: amotivation (deficits in the initiation and maintenance of goal-oriented behaviours), anhedonia (impaired anticipation of reward), and asociality

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(diminished interest in social interactions with others). That's a lot of A's! We'll call the five domains of negative symptoms the "Five A's of Schizophrenia."

Negative symptoms have a huge impact on social functioning for the schizophrenic and persist throughout the lifetime of the illness because of inefficacy of drugs to treat them. However, psychosocial support is efficacious and leads to real recovery. From the 'Harvard Medical School,' psychosocial treatment revolves around education, psychotherapy, behavioural training, and help with employment, housing, and family relations. Psychosocial treatments offer reassurance, morale building, companionship, common sense advice, and help with practical problems. Families can also seek therapy to avoid both confrontation and emotional distancing. It's as if in the case of depression and schizophrenia we do have mostly effective drug therapy with a good prognosis given effective psychosocial support. In both disorders it's as if a sense of disconnection and lack of love and nurturing is the root cause, with different manifestations. In the case of depression, we have feelings of worthlessness, hopelessness, excessive or inappropriate guilt, while for schizophrenia we have a loss of control and a withdrawn state from reality. The depressed individual has low mood, the schizophrenic is hiding. Both can occur at the same time.

What's interesting is that the drugs don't work forever and can actually be a hindrance after prolonged use. It's now known that 'work functioning' actually stays relatively low over time if antipsychotics are continuously prescribed, with those going off antipsychotics after the acute phase of their illness seeing real gains in 'work functioning'. Naturally I'm not saying drugs aren't effective, I'm just

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saying they have their time and place and shouldn't be so readily prescribed for decades on end. They're a Band-Aid solution that doesn't help the root cause of the problem. Someone has to come to the schizophrenic individual and ask the right questions and genuinely listen to their problems. I want to get off the drugs. The drugs don't seem to work anymore, if anything they're making things worse.

It's fear, propaganda, and honestly stigma, perhaps even a culture, that fuels the drug industry to keep people on these medications for life. Psychosocial treatment seems like the only way out, but even they could use improving. What we need are all-in-one psychosocial solutions who are on the field and visiting the person in question. Not only helping with the practicalities of the matter such as employment, housing, and family relations, which 'feels' paternal in nature, but also offering something maternal like reassurance, morale building, and most importantly companionship. I've been in one of these programs for years and honestly the focus has shifted from walks and chit-chats to pushing for the practical problems to be solved. Why can't we have both? There has to be a happy medium that feels like a holistic psychosocial treatment program.

Importantly though, what does this say about the human condition? That sure, there's a time and place for the mentally disordered person to have the practical problems assessed but at the end of the day they need nurturing, soothing. There's something about the human condition that some people can't handle, most importantly this emotional distance that people seem to erect like a wall around themselves. The mentally disordered person from experience is truly empathetic and vulnerable because they don't have that emotional distance. They pour their heart

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and soul into the world and they don't feel they get a whole lot back. I've tried to reach out again and again, not for help, but for a feeling of comradeship. For people to join a cause that's trying to make the world a better place. Yet given the nature of my condition all I can manage is sitting behind a computer writing inane essays.

It's curious though how this fundamental problem of disconnection manifests itself – not so much as widely differing diseases, but at least different labels. Bipolar disorder, anxiety, schizophrenia, dissociative identity disorder, obsessive-compulsive disorder, and substance abuse disorder are just a few, and sorry if I left your diagnosis out. What these disorders really exemplify is what it means to be human. To make matters worse they can be comorbid not only with each other, like with depression and schizophrenia, but with physical illnesses as well such as diabetes. Complex issues affecting the whole body require holistic solutions. Unfortunately, it's all too common to be thrown between disparate support services such as the case with mental health issues and drug abuse issues. Each service has their 'opinion' of what's the problem. For mental health services they sometimes use the archaic model that there's a chemical imbalance in the brain. These days they just tell people to 'suck it up'. For drug and alcohol services they think it's all about trauma and developing a window of tolerance. Each of the services have their place but there's no one at the end of the day teaching you how to create a complete picture out of these disparate services. You feel thrown around, worn out, and out of place because there's so much happening, so many opinions, and it's all a bit too much.

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We're all broken in some sense. I've only met a few people that appear like they've 'got it together,' but even then, I feel if I got to know them better than the facade would let up. I feel that people who talk openly, not only about their physical but their mental health too, are strong. They're fighters trying to make the world a better place. Trying to establish that sense of connection between the masses. That's my goal anyhow. I want a better world for all, though I'm not saying it'll be easy or that I expect everything to be perfect as I see fit. What I'm trying to say is there's a lot of conflicting opinions on how the world should work. Lots and lots of conflicting opinions. There's a lot of issues out there and I don't think there's any easy solution. What I pride myself on, though I don't think I've conveyed it properly through my writings because it's such an elusive topic, is trying to understand the human condition. I'm trying to understand what gives that rhythm and beat to the world we live in. Maybe I'm selfish and I'm just in it to relieve my own symptoms. Maybe I'm not and I'm actually in it to 'stick up for the little guy'. Why not a bit of both? The world isn't cut and dry, black or white.

Am I mad or depressed? Does it really matter? Why not a bit of both? I'm past the point of drugs having much efficacy, and I'll be damned if I'm on them the rest of my life. But treatment plans change slowly, diagnoses change over time, what you may have been presenting ten years ago can be a whole lot different to what you're presenting now. We change as people, fundamentally change over time. We're not static but dynamic, though that sense of self and consciousness wants to tell us the opposite. We need to get back to business but at the same time we need to realise this is a community effort. Only then can there be some healing.

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What I want to conclude with is that we're human, all too human. In saying that I want to break down walls, not erect them. It may sound a bit cliché but I'm leaving myself vulnerable here telling my story and my thoughts. Yet I'm still lost in a world of my own design, a world I'm trying to deconstruct and move on from. I figured I could only do that by writing about it. It seems I have a lot to say about my condition.

Frontier Psychiatry

I've been chemically restrained. I've had my liberties taken away from me. I've been stigmatised and considered a madman. "Take out your shoe laces and take off your belt," they said as I walked into an adult psychiatric ward for the first time at the age of seventeen. I shuffled around the small open area of the ward trying to not have my now unlaced shoes fall off. Blank faces stared at me, drugged up to their eyeballs. I saw my room, a dingy, little bed far too small for my stature which would be my home for a while. "Is this the frontier of psychiatry?" I thought. I cried myself to sleep that night.

Things have changed in the last decade of mental health 'care.' For the most part the new wards look like hotels, but they still have the drugged-up patients. Very calm, very mellow individuals that won't let out a peep. I've been committed seven times over the duration of my illness. Seven times I've been incarcerated because my family thought I was smoking too much cannabis or playing too many video games. It wasn't that I had a disease, it was my behaviour. No one could care less about the 'disease' I was suffering, a 'disease of the soul'. You can't treat that with drugs, you treat it with real, human contact and connection. Alas, the drugs didn't have much effect on me. I was neither

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calm nor mellow. They considered me manic because of such. Really, I had the 'legitimate disease' that was affecting my brain, I had autism as defined by Eugen Bleuler in 1908: "a loss of awareness of external events and a preoccupation with the self and one's own thoughts," which would be part of his criteria for schizophrenia. My crime? Thinking too much. Becoming 'delusional' as I saw through the veil, past their lies.

I will resent yet I understand why they categorised me as a problem. I was socioeconomically deprived, I was a high school dropout, and I was a drug abuser. Yet I was smart, perhaps too smart. I used to laugh inappropriately as they explained to me my condition. I used to cry in public when I saw the masses leading their meaningless existences. I loved to fantasise about great things. I saw the connections between everything – which was deemed "loose associations." Considering me extremely ill, they would whack a community treatment order on me, basically a good behaviour bond. They bestowed my crime of schizophrenia on me in this weird mix of medico-legal jargon. I've never committed a crime in my life, yet I've gone in front of magistrates to determine my freedom. Fortunately, they can only keep you for three months before they tag and release you back into the wild as an outpatient. Not without a mental health team being your parole board though. Fortnightly to monthly injections making sure you get the 'treatment' you deserve.

I was re-established as a functioning member of society eventually. When I started to work on my education and the prescribed drugs had their effect. When all my fanciful ideas went out the window. But they took a part of me that I'll never get back, my memory. I'll never remember how I was

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diagnosed, except for perhaps a brain scan being in the equation. I'll never remember those fateful days spent in my room over a four-year period because it all became a blur as prescribed and illicit drugs interacted. I'll never remember my formative years as a young adult because that's exactly what they wanted to take away from me. They wanted to retrain my mind, I was scared of them, deathly afraid. I knew what they were taking away from me, but I had no say in the matter. I was deemed unfit. My sense of self died back then, it was an ego death and I had to start from square one. Building up a sense of self and social skills again. I had been imprisoned for four years of my life after committing no crimes but thinking too much. That is my story.

Is this the best we've got? To chemically restrain the most vulnerable. "Sensitive little petals," I call them and myself. They couldn't hack it in society, so their crime is mental illness. However, it's far too easy to relate 'frontier psychiatry' with a medico-legal system that warps and twists the very essence of what it means to be human. Taking away free will and liberties because we're "a threat to others or ourselves." I stand by the fact that I've never had a criminal record, outside of mental health issues, and I've never entertained the idea of suicide. Despite the atrocities committed against me when I was a young adult, I've always been a fighter. I will always push on with a glimmer of hope. Even these days, a decade later, as the drugs do more harm than good because I've been on them so long, I try to think outside the box. I write my story for awareness, just some public awareness of what's going on behind closed doors.

Sometimes I get absolutely livid that they placed me in an adult psychiatric ward at the age of seventeen. Labelled

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depressed at that stage they cornered me off and delivered a handsome dose of antipsychotics to make me 'calm' like the rest. Real zombies, my nightmares had become a reality. At the age of eighteen my memory fails me, but I remember the brain scan, I remember the discharge paper, I remember that fateful diagnosis of schizoaffective disorder. I don't know how or why I earned it, perhaps the drugs had their intended effect. Go in, forget everything, and come out a lot calmer. Still I would try and 'tap into the other side' by taking abundant amounts of psychotropic substances. I wouldn't let them win, not like this. Still, it was kind of nice being a member of society again. I got to go to university, I got to make friends again, I got to be part of a community. There's nothing more shameful though than being considered an outcast because you 'think too much'. That was my only crime.

So, life goes on, I don't have many memories over the last decade from what I can only presume is the drug's effect. It's traumatising however when my memory does come back in fits and starts. One day I'll remember that second hospital admission, one day I'll get answers. My memory is supremely nonlinear. The only constant about my experience is being an extreme hermit. I don't blame my family for letting me have my way, I wanted it. I wanted to go on crazy journeys through my own mind and see if I could make it break. Consuming all sorts of mass media, namely Wikipedia, in which I would develop my most pronounced symptom, 'Wikipedia word soup'. I would go on rants about various different articles that I thought were related but no one else could see the connections. "What a glorious time to be alive," I thought to myself, "I have the world's knowledge at my fingertips and now I can find

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answers!” My answers were unsatisfactory to my family and friends. One side of the family appreciated my journey, one side of the family considered me a madman, who was right at the end of the day?

Some consider me a genius, a sort of broken genius. Never living up to my full potential because of my schizophrenia, substance abuse disorder, and type 1 diabetes. I scoff at the remark, I just consider myself well-read. Well-versed in aspects of the mind. I understand, I empathise. Perhaps that's another one of my crimes, hyper empathy. Though I've become jaded and cynical as of late and I distance myself from others. After you've been burnt for the umpteenth time you tend to shy away from the fire. Alas, being burnt never stopped me and I think I'm beginning to come back out of my shell. They said I was manic, I say I'm just overly passionate. This is my personality, this is me.

I've met a lot of other prisoners in my life. There's a stark inclination towards suicide though which I've never understood. Why give up? Then they win. I'll never let them win, I'll push on despite adversity. They're trying to formulate what it means to be 'neurotypical,' I consider that unethical and a crime on all the fanciful ideas out there that could make the world a better place. Schizophrenia is sometimes considered a disease of language. Schizophrenics use a vast array of metaphors out of context to communicate their ideas. Some like myself get it, others seem to consider them 'raving lunatics'. If you actually sit down with these people, it's a wild ride sure but it's actually an interesting ride at that. They're real people too, something the frontiers of psychiatry seem to forget at the end of the day. The system is bursting at the seams as a result of its own poor misconduct. Everyone's depressed in some way! “Pop them

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a pill, there's just too many!" With the chemical shotgun shells at the ready, they aim, they fire.

Though I can't blame these frontier psychiatrists. Society as a whole has demanded that this 'problem' be fixed. Society just doesn't know how sick it is. That we're getting more distant from my perspective like the universe expanding and the galaxies getting more distant from each other. We all seem to be getting lost in a world of our own design, forgetting each other exist. After my acute phase of schizophrenia, I tried to reach out to others but my cries for help all fell on deaf ears. My family is particularly involved in confrontation and emotional distancing. We can't handle all of what makes us who we are because we seem to lack the communication skills required of proper human beings. I'm making a stand against that, right here, right now. I love my family and friends to death and beyond. I would never allow them to be hurt by 'society' as much as I have been.

But what is society apart from a system in equilibrium. So many different perspectives, so many different views on how the world should play out. Some are for and some are against mental health being an issue. You can probably guess my stance. Albeit, it won't be too long before mental health issues fade into nonexistence. People will become more understanding of each other. We're still in the dark ages of mental illness where it's considered a disease of the brain. "A chemical imbalance," some like to posit. Though it feels like we're in the 1800s again when all illness was "an imbalance of the four humours of the body; blood, yellow bile, black bile, and phlegm." Replace that with serotonin, dopamine, etc. This simplification of theory taken as explanations is doing more harm than good. Medical students of all people take these simplifications as law for

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absurdly complex systems. This law is propagated in the public sphere and used as fuel for the ‘war for drugs’.

Where’s the mandated psychosocial treatment? Not once, except in hospital roughly a decade after my first admission, was there a psychologist on the team. And as an outpatient you need a lot of money, or must live off ten sessions a year using a ‘mental health care plan’ from your general practitioner, in order to see a psychologist. If you’re extremely lucky you get linked in with a psychosocial support service who focus on recovery, employment, and housing. Only practical needs though, they’re ill-equipped to offer psychotherapy and more advanced services. Which leads to a conundrum. How can we go against research and expect these mentally ill individuals to get better without proper psychosocial treatment? It’s a system bursting at the seams by its own design. Mild to moderate cases cause the mental health system to give way while moderate to extreme cases get ‘half-assed’ treatment.

I’ve heard stories I tell you, of real psychiatrists. Supposedly they do talk therapy as well. The best I’ve gotten out of a public psychiatrist, although it’s nice we have them at least, is “Suck it up.” But real psychiatrists already have immense amounts of patients and that’s for those that can actually afford them. For the socioeconomically deprived it’s a far cry, a dream, to have someone administer your drugs and actually listen to you. If only such holistic treatment was available to all. Anyways, that’s just not reality, sophisticated services require a lot of money behind them. People who have studied until they’re in extreme amounts of debt have paying off their student loans as a top priority. Sometimes such services come about for the general population, but most are executed in a poor fashion.

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They get filled up very quickly with a vast array of cases and eventually the service has to yell "STOP!" and put the brakes on. It's extremely hard to get into the National Disability Insurance Scheme (NDIS) in Australia for mental health issues, let alone the Disability Support Pension (DSP). Pages and pages of documentation is required from disparate services trying to link them all up to create a plan for recovery. Hilariously there's services out there just for signing up to these services! But the NDIS can be a beautiful thing. Cleaning, transport, a case manager, most of your practical needs met. It's like the disparate services I've got but in one package. Working together towards recovery.

People have grand ideas about the recovery process. That it inspires reassurance and morale in the individual, but most importantly hope. Unfortunately, or maybe fortunately, most of the recovery process falls on the ill individual in question. It's in their hands to take life by the reigns and live it. It's an age-old proverb that "You can't help someone that doesn't want to help themselves." Which is interesting because involuntary commitment into psychiatric wards certainly is a far cry from this age-old proverb. You get neglect on the outside and your liberties taken away from you on the inside. There's no winning. You're eventually doomed to be shafted by a variety of services if you don't recover quickly enough. The very people who are supposed to understand mental illness, with lived experience, thinking recovery is all too easy because 'they've done it'. Well mister, just because you've done it doesn't mean it's as easy as it sounds. Alas I don't think they'll ever be any good answers to this misconception about the recovery process.

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The frontiers of psychiatry seem to be all too lacking. “Pop some pills, take an injection, and be on your way good sir” is not good enough. This isn’t even going into the ethics of incarcerating people for supposed inappropriate mannerisms. Us schizophrenics like to talk in metaphors, we like to reach for the stars, we like to relate everything to everything else. They’ve taken that away from me, I almost feel like a robot. My seventeen-year-old self seems like a distant past when I still had some life left in me. Laying on that dingy, little bed. Crying myself to sleep.

A Letter to the Registrar

Today I met my new registrar. A handsome young man, clean-shaven with a nice haircut and smile. He looked acceptable and inviting to approach. I thought today was the day that I'd get a bit of understanding, some new hope, a fresh start. Forty-five minutes I spent explaining my story. Forty-five minutes of turbulent emotions bringing up the past. I tried to explain that I was adamant it wasn't a mood disorder but when the registrar heard the words 'cycle' and 'episode' I could see I was already starting to lose him.

People have a lot of preconceptions, everything should fit nicely into a box. Supposedly cycling negative symptoms are rare and knowing registrars they don't take any chances. Six months in then out is the name of the game. Try and get through without admissions or a suicide and you're well on your way to success. So I accepted that my treatment plan wouldn't change, but please, just a bit of understanding of my position would be nice. I have nothing to gain from downgrading my diagnosis from schizoaffective disorder to residual schizophrenia. I just think residual schizophrenia is the correct diagnosis. This affective component to my illness has followed me around like baggage for most of my life. I wanted to put a stop to it, now.

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Affective disorders strike at the very heart of the self. Your happiest moments are manic episodes. Your saddest moments are depressed episodes. Supposedly you're not your illness so is this really you? I'm a passionate sort of guy. "This is me!" I roar to the world when I'm not experiencing negative symptoms. Yet people call me hypomanic for being me. Is this a joke? Stop analysing people and behaviour pathologically. Stop saying I need structure and the like. I thrive when I don't have structure, when I can take things at my own pace. It's why I want to be a writer, it agrees with me in a wholesome fashion. Yet there's these people that want to medicate behaviour and not the disease. Not only that but they have their preconceptions based on labels and hastily written notes that dictate a person's existence.

For once I wish the therapist considered my word as the law, or even just the primary source of information, when it comes to my case, my needs, and my wants. I've done my research, I've written down my thoughts, and I'm convinced I know the situation at hand. Perhaps they don't expect such raw intelligence and emotion out of their patients. Convinced that they know best. They're treating by the lowest common denominator here. You're almost considered subhuman for being under their care. I don't get a say about my diagnosis, I don't get a say about my medication, and I sure as hell don't get a say in what it means to live a life worth living.

"Get a job!" The registrar spouts in a nicer tone of language and voice. But I do have a job, I'm starting my own business, and I see it going places. Sure, it's not conventional but it's mine. I crumble under structure as previously mentioned and it's this disconnect between my wants and

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theirs that's creating all the frustration and friction. They have a preconception of what recovery looks like to them and it involves integrating with the masses. Unfortunately, I don't consider that a life worth living. I have zero motivation to be 'normal'. I've been broken, beaten, and traumatised by my experiences and this is the most I can manage. Little notes on my thoughts, little notes on how I view the world. Perhaps one day the registrar will get more power and less liability. They're the first line of defence against the encroaching mentally ill horde. Meanwhile the consultants sit in their ivory towers. What an absurd world we live in.

If only this was pathological. That these behaviours were actually the disease. No, they're symptoms. There's not enough focus on the causes, only the effects. So where does that leave us? Well basically we're stuck with a public system in which you build rapport with a certain individual, most likely your registrar, and then they disappear, and you have to start the entire process again. People look at your case notes, they get preconceptions, they then hear your side of the story and here's the problem: they've already made their first impression before they've even met you. What guts me is that to diagnose a mood disorder you need some very strong indication from the patient that that is what they're suffering from. In my own case I get fits and starts of supposed depressed and manic mood. Nothing prolonged, nothing that would make it the core symptom of my illness. Rather I'm either getting emotional dysregulation or I'm temperamental. I think the registrar got a sense of that when my mood absolutely plummeted when I knew he wasn't getting me. I'm of the opinion that I'm temperamental, or

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‘moody’ in layman’s terms. This isn’t a disorder, it’s what it means to be human.

In and out the registrars go, getting a snapshot of your condition each month if you’re lucky. For an hour or less each month, if that, your destiny is determined. I have absolutely no say in the matter of whether I get my monthly injection of aripiprazole or not. If I say no, they put me on a community treatment order and by law I’m then required to have the injection. If I say yes, their game continues, and you sink further into the system. I swear the registrar was joking today when he said they’d think of adjusting my lithium. I’m not retarded, I know lithium has a very small window of therapeutic benefit. It’s like a switch, it’s either on or off. You can’t just adjust it like an antipsychotic.

I honestly don’t think they take my case seriously. Afflicted by zero to poor amounts of motivation, an impairment of my reward system striking when I don’t want it to, and asociality being very disrupting to my connections with my friends and family. This can all be summed up by avolition and it’s incredibly debilitating. That with the other symptoms such as monosyllabic responses, slow motor movement, and latency in responses add up to a bad time. But no one can or will help me. It’s taboo to speak of these things because drugs are ineffective. If I’m not experiencing psychotic episodes, severely depressed or severely manic, then they want nothing to do with me because they can’t just pop a pill. I’m sick of it, the dancing I have to do to try and get any help, and when it does arrive it feels lacking.

So, here’s the problem: registrars go in and out of fashion, the patient is bouncing from one person to the next, there’s no single person who acts as an anchor in the person’s

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recovery, and finally they're treated like sub-humans the entire process. Delinquents that have never read a book in their life. I've read, and read, and I feel I have a solid idea of what's going on. I'm the expert of myself. I know what I need, yet their solution is to do the exact opposite of what I need. To become another cog in a wheel of the grand machine. What a meaningless existence. It's as if there's no help with recovery. Everything you need to take into your own hands while under the effect of mentally disabling drugs. Fun times! If life wasn't a constant struggle enough with the disease, then these people trying to 'help' get in the way.

There's no scan or test that one can use to suss out what the disease actually is. It's all based on hearsay and subjective evidence. My own destiny is based on the interpretation of a range of individuals that call themselves physicians. I consider my brilliant general practitioner a physician, psychiatrists not so much. He focuses on causes rather than effects, he focuses on the individual past what is deemed good or bad behaviours. It's a holistic treatment plan that takes everything into account and I value his opinion highly. He's given me the time and day above all else, something the public system just can't offer, and really got to know me. For free! I'm not kidding. He gave me reassurance, built up my morale, explained what he thought was the case, the direction I should take, and gave me hope for free. You can't make this up. Yet in comes the psychiatrist that gets a snapshot of your mood and illness 'in general', makes sweeping statements that have wide ramifications on your life, and personally everything they say comes with a lot of stigma.

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Mania for example comes with a lot of stigma. You hear stories of the sexually promiscuous, the shopping sprees, and the substance abuse. A diagnosis of bipolar disorder comes with all these things and more. The crushing lows filled with guilt, hopelessness, worthlessness, and suicidal ideations. I've rarely entertained these ideas and this is what they were trying to pin on me. The substance abuse is another thing entirely. Supposedly I'm trying to control my mood using alcohol. Why on earth would I use a depressant to help me with depression? Do they honestly think I've lost the plot that much? Sweeping statements, labels, stigma, and you know why, because they don't listen. They pick and choose the keywords out of the patient's language. They use past history, which as previously mentioned are hastily written notes without a lot of credibility. And to top it all off it's all based on interpretation rather than facts and evidence. If only I was rich, could afford a weekly psychiatrist, and could start getting the treatment I deserve. Yet it's a system all too lacking.

I realise the system is bursting at the seams. But it's by its own design. Mild to moderate cases fill the system while moderate to extreme cases that have been unemployed for years because of their disability get the same treatment. In and out, an hour or less a month if you're lucky. Honestly this is a cry for help in a system controlling my destiny with their mentally disabling drugs. I'm part of the system now, I nearly always have been. I know it inside and out and honestly, I see no escape. If I'm not going well, they keep my medication the same. If I continue to not go well on the medication, they increase the medication. If I continue to take the medication and I'm not doing well, I'm non-compliant. If I'm supposedly non-compliant, I end up in

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hospital. Then they break my soul and my trust in the system, I'm made an outpatient, and the cycle continues. I'm expected to fit into the mould that is society and if I don't, I'm considered on bad behaviour and my position in the system is cemented.

Trying to fit a square peg in a circle hole is never a good idea. The person in question trying to fit into the system instead of the system accommodating them will resist, they'll struggle, and honestly it takes the remaining parts of their humanity from them. It sucks away their individuality and honestly if there was a depression that I'm familiar with it involves existential crises and angst. Fleeting moments of despair that I never quite entertain to the point that I used to. Negative symptoms of schizophrenia though are my core symptoms at the moment. The avolition is devastating with its amotivation causing an inability to engage in goal-directed behaviour, anhedonia impairing my reward system, and asociality causing a constant disconnect, particularly between myself, friends, family, and the world at large. Diminished expression is also problematic with the blunted affect making it hard to convey my rich range of emotions that somehow I convey through writing, and the alogia causing monosyllabic responses with a latency. That's what I was trying to convey today. That these were my problems and I wanted answers. Not only that, I wanted some understanding.

Coffee, Cigarettes, and a Bottle of Pills

Coffee, cigarettes, and a bottle of pills. The elegant weapons in the arsenal of a recovering addict and the mentally ill. The “Mental Health Survival Kit” so to say. Coffee for that buzz, cigarettes to centre yourself, and some Valium to take away the anxiety or to detox. Addiction is like a treadmill, you’re continuously looking for your next fix, again and again. Not only is it tiring in and of itself, addiction seems to be highly comorbid with other mental health issues. This is my story that starts with cannabis, flirts with other drugs, and ends with alcohol.

At the age of seventeen I had my first cone. My friends had seen the absolutely sorry state I had been in the last few years because of my prodromal phase schizophrenia, unbeknownst to us at the time, and wanted me to be happy. Near instantaneous relief from all my negative symptoms! I was shocked. I felt the love again, I felt connected to the world, and I basked in its glory. For a time I was happy, but the high drifted away and eventually I’d need that high again. Everything starts slowly, ever so slowly. The subtle nature of addiction, the way it takes hold, is cruel in a sense. It offers some relief from that crazy world out there only to

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replace that with a living nightmare. A nightmare in which you're 'Fucked up, Insecure, Neurotic, and Emotional' (FINE). It's not pleasant being FINE, FINE is not optimal by any stretch of the imagination.

It's when we're FINE that addiction takes hold. The subtle nature of substance abuse disorder in its early stages is all too unforgiving. Is it really a choice when someone self-medicates? The other options such as pharmaceuticals seem bleak. Drug and alcohol counsellors are fantastic though and can greatly aid the recovery process. Perhaps my drug and alcohol counsellors were right, perhaps it is all about trauma. Developing a 'window of tolerance' to be able to handle the punches and kicks the world throws at you. The window of tolerance, hypo- and hyperarousal, and all that implies. But it got me questioning: "Am I mentally ill or just an addict? Why not both?" I guess given the blurry line between the two I'll never know what I really am. Alas, I wasn't a very good consumer. Threatened with additional episodes of psychosis if I kept up my drug abusing antics, I had a mental breakdown remembering the trauma of my previous episodes of psychosis. Not pleasant.

Back to the story at hand. It started small. Smoking cannabis with my brother, watching him play video games, playing a bit of "Call of Duty" zombies. It was the good life. But then something changed one day, something snapped. I took the cannabis from his room, which was for all intents and purposes mine because I paid for it, but we shared it, and went into my room and started isolating myself to the extreme. Before that fateful day I at least interacted with my brother, even if I was out of work and had no other friends. It was that day that I solidified the rest of my young adult life. A life that would get blown up in smoke.

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For years I slowly increased my intake until I was smoking an ounce of cannabis a week. My record was an ounce in three days. That's spinning as well so 50-50 tobacco and cannabis. I would slowly go out of my mind smoking that much cannabis. I laughed that day, rather inappropriately, when the doctor told me you couldn't get addicted to cannabis after being admitted. He just had no idea about the extent of my abuse. He did a shocking job putting in the cannula that day as well. Screw that guy, I needed Valium for my anxiety of being away from my 'medication'.

Years and years of abuse and my mind couldn't handle all this cannabis, let alone the isolation. Hallucinations, delusions, thought disorder, you name it. 'Wikipedia word soup' was my later thought up cute name for my derailment and word salad at the time. I was an avid reader, film buff, a gamer, but most of all, a philosopher at heart. I used to read every Wikipedia page for every philosopher under the sun. Be that Plato, Kant, Schopenhauer, Kierkegaard, Camus, etc. I came up with elaborate theories and devious plots to take over the scholarly world. Most importantly I studied to find a way out, to figure out the big questions. To this day I'll never know if I was schizophrenic or a drug addict. Can you hallucinate, become delusional, and develop a chronic cognitive deficit just from cannabis? The research says you need to be predisposed to schizophrenia for such an effect. I tend to agree with the research.

It took three months in hospital on my third visit to get me off cannabis. The fog cleared, I was 'back' – well as back as you can be after ravaging your mind and body for so long. I was never quite the same since. A bit weird and eccentric, with chronic emotional dysregulation, avolition, apathy –

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and the elaborate theories and devious plots lingered, for a time at least. It was a process of forgetting and moving on. To this day these drug-filled hazes which I called 'days' back then remain fragmented memories and are nonlinear in nature, almost like a dream.

I don't like calling myself an addict. Addicts get treated worse than trash. I'd prefer to be mentally ill, if anything, though coming back over the story I don't think it's that simple. It's with surprising frequency that mental health issues and addiction creep into the picture together. They feed off one another, they propagate one another, they're like a parasite that eventually destroys the host. Anyhow, out with the old and in with the new. Alcohol was my poison of choice this time with a dabbling of some harder stuff like ketamine, mushrooms, cocaine, and acid. Surprisingly the 'harder stuff' had next to no effect on my overall well-being. In fact, acid for example probably improved my overall well-being the one time I tried it. I turned to my new friend during the trip. "It's nice to have a positive psychotic experience, you know what I mean?" I muttered with a giggle. She looked shocked after I explained that I had been psychotic in the past and was handling acid so well. I felt that a negative-style psychosis actually makes you more readily able to just flow with the acid trip.

Alcohol and cigarettes – those nefarious substances yet the perfect replacement for a cannabis addiction. So easily available, and in alcohol's case so quick to get tipsy. Then the emotions hit and you're a bloody wreck. For over half a decade I would drink daily with my intake getting upwards of two to three litres of wine a night. Sometimes I'd have a drink upon awakening, we call it an 'eye-opener' in the biz. What really irks me though is that for the most part the

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Australian culture thought my daily drinking wasn't that bad, at least compared to cannabis, at least that's what I thought. I'd drink my life away, wasting countless days and nights of my life as alcohol destroyed me. I lost my job many times as a result of being too wasted to work. So to SMART Recovery I went, which is like a secular version of Alcoholics Anonymous, and I met people with the same struggles in addiction.

It's comforting being in the same room with a bunch of people sharing real stories of addiction; I wish there was a similar service for mental health. You get five minutes of allotted time to talk about your week, and anything relating to that week, then you talk about your goals for the next week. Using SMART Recovery, I reduced my alcohol intake from two to three litres of wine a night to just social occasions. Even at the social occasions I would get tipsy rather than drunk. This was a huge boon to my well-being and allowed me to manage my underlying schizophrenia a lot better. Alas, the negative symptoms still came on strong. Unfortunately, I only went to SMART Recovery for a month or two. Once I was 'recovered' I got out of there as soon as I could, even if I did make friends. The negative symptoms were also making me adverse to social interactions, I lost the motivation to leave the house and subsequently couldn't make it. People still messaged me from the SMART Recovery meetings asking if I was going, yet I couldn't even handle the idea of sending a response, it was just too much.

Recovery is a nonlinear process and you've got to own it. Ironically, similar to mental illness, a sense of disconnection typically fuels the addiction process. That is, we're told to recover as if it's a solo journey. Here I'm saying now:

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recovery is a community effort, including friends and family. That recovery corresponds to an increase in quality of life which is shown to improve with healthy social relations. The crushing feelings of loneliness and isolation can be circumvented to an extent by this sense of connection with the world at large. However, relapse is always lurking around the corner. So watch out.

But here I am, relapsed to an extent and the journey continues. Backwards and forwards, side to side, in a nonlinear fashion I recover. I sit here right now enjoying a beer in the early morning after being woken up by high blood glucose. The mental health team isn't impressed that I'm drinking again but their drugs don't work, they just make things worse. Beer offers some rest and relaxation that I'd expect from the pharmaceuticals, but who's going to prescribe a depressant. It's been a long journey indeed, a journey I'm still taking because of my addiction riddled mess of a self. At the end of the day the mental illness and addiction interact with each other. Being a schizophrenic is stressful and to just get to the end of the day to have a beer means the world to me. It's not a cost-effective means of medicating myself and I've lost jobs and friends because of my addictions. Perhaps the title should be "Coffee, alcohol, cigarettes, and a bottle of pills" yet I can't bring myself to say that alcohol is in my 'survival kit.' I don't need it to survive, it's just nice you know. To get to the end of that day, to have that beer, to sit back and pump out some words. Everything in moderation my friend.

To My Father, the Rock

It's been a long journey thus far, the one my father and I have travelled. Ups and downs, around and around, backwards and forwards. Recovery is nonlinear and I think he was the first person to learn that in our family. He's been there the entire duration of my journey through schizophrenia and I'm blessed that I've had him. Without him I'd be starving, homeless, and probably dead on the side of the street from type 1 diabetes. He is the rock in more ways than one. Silent, steadfast, reliable, humble. He wakes up each morning to fulfil the nine-to-five drawl that keeps the family going. I love him, dearly. Yet we're always awkward about expressing our love. If we ever do express our love for each other it's always quick and without real meaning. Hopefully we can get to the bottom of this issue by exploring what exactly provides the motivation for my father to carry on despite adversity.

My father has always been a hard worker and a generous soul. He had kids early in life at the age of twenty-one, though I'm not quite sure if he regrets that. I'm doubtful that I'll ever understand my father in that capacity. We live worlds apart even though we're under the same roof. I'm a thinker, a dreamer, while he's very practical in his everyday life. It creates an emotional distancing that's almost

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suffocating. We used to play catch with the baseball in the backyard, he used to take my brother and I on trips to go motorbike riding, he came to all our sporting events, he attended every academic ceremony, he was always there; I can't possibly imagine a life without him. The generous soul part gets a bit absurd though. Always working to please others, only recently has he started to think of himself as he grows older and less capable. Yet he still pushes on, to please others and most importantly his family. He'll be there for us till death and beyond because what he's done in this life will have a lasting impression on all those people he's interacted with and helped, and he's just turning fifty. This is a letter to my father, and I hope he reads it.

"The man, the myth, the legend!" The archetypal father who puts food on the table and a roof over everyone's head. He's seen me at my best and my worst. Yet he continues to support me, his family, and his friends. However, there's this insurmountable distance that I've never figured out how to close. Well, at times we'll act close but it's never long-lived. I always figured this was something to do with being a patriarchal figure in my life. 'Pushing my shit in,' day in and day out, for lack of a better phrase. It's a cold, austere, but beautiful kind of love. One that I'm only starting to appreciate. Yet given my mother's lack of involvement, from no fault of her own, my father has poorly tried to play the matriarchal figure in my life since I was fourteen. I know that he tries to be soothing and nurturing, though it mostly just sounds like "Get a job!" In a recent sternly worded letter to my support service, this is exactly what I was crying out for: some matriarchal figure in my life – a capacity which my father was not brought up to

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provide. He grew up in different times, a different age. He grew up with a lot of trauma.

My father has never talked about his trauma. He's the type to keep everything under wraps to avoid negatively impacting others. One of his sons, namely myself, is the exact opposite. Talking about trauma to me is chilling but therapeutic. It avoids a lot of frustration and anger, some things my father has never been good at dealing with appropriately. Back in the day we'd hide when he got home after he'd been driving around the Sydney traffic all day long. Hide until he 'smoked a cone'. At first it was anger and frustration then hugs and kisses. Polar opposites that revealed the two sides of my father. Shame he had to be inebriated to show his affections. Thankfully he's given up that habit and for the better. His mood is a lot more stable even if he still gets angry at times. He doesn't perform well under pressure even if his stress threshold is a lot higher than my own. Still, there's a distance now because he wants all his children to strike up independence, 'leave the nest' so to speak.

Given my schizophrenia, which my father has come to understand as of late, it's been a constant struggle to strike up independence. Just when I get back on my feet, such as with the last two weeks of writing, the negative symptoms are always lurking around the corner. Yet he understands! He understands my struggles and I really appreciate that and love him for it. He's always trying to at least suggest what I should do but he often repeats, "I feel like a broken record." Sleeping, eating, showers, employment, and the like are hot topics of conversation. Me? I'm stuck in a reality of my own design. A safe, alternative reality that doesn't need to sleep, eat, shower, or be employed. It strikes to the

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core of my being that I feel like I'm using my father. Something I regret to this very day.

"In one ear and out the other with you," he states with bitter contempt in his voice. Maybe I just never grew up like he wanted me to. My formative years were taken away from me, so maybe I shouldn't blame myself. Yet I still do in a way. Not your typical, depressed, 'woe is me,' sort of way because honestly it just doesn't occur to me to blame myself – because I'm in another reality. A reality for all intents and purposes created by my father. Back in my formative years from the ages of fourteen to twenty-one my father would feed me regardless of how much I was 'there'. There, in the sense that I was mostly a vegetable who sometimes ate and slept. He'd bring me my dinner silently each night, trying to sustain me through what he and the family knew were unusual behaviours. I'd dropped out of all the activities he loved me for, or so I thought, such as sport, school, and playing with friends. Maybe there is this twisted image I have of myself from trying to impress my father. Always trying to one-up my siblings. Yet at the end of the day I gave up and it was unconditional love that set in. A love that I'll never forget.

We've agreed that he won't be around forever, that one day he'll be gone so I've got to 'get my shit together'. For the most part he's always treated me as if I didn't have disease processes ravaging my system, which gives me hope to push on. There has been frustration though, with the height of it being when I had undiagnosed type 1 diabetes. I'd eat pantries upon pantries of food until I was bloated, yet I'd still be hungry. My father didn't know how to keep up and in a final confrontation one day I said to him "Fuck off!" I

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was at my limit and so was he. Leaving home to stay with a friend, I wouldn't see my father again for a year.

It's strange how people can react to someone being physically ill in this day and age so well, such as in the case of my type 1 diabetes. With physical illness there's typically a maintenance strategy that's clear-cut. For type 1 diabetes that's checking your blood glucose levels and injecting insulin before every meal and at bedtime. Schizophrenia on the other hand has no standard maintenance strategy. It's a learning process for all involved, especially for newly created carers. The carers are in the thick of it each day struggling to sustain the schizophrenic's existence. Honestly, they need as much support as the schizophrenic in question. It's a tough job on top of my father's full-time job to keep the family going. Again, I appreciate and love him for all the care he's provided. If only I could pay him back. Would he accept my payment?

At the end of the day being a father is a 'thankless job'. Job in the sense in that it takes a lot of time and effort to see your children through the beginnings of their lives and beyond. Unfortunately, I'm still at the very beginning of my journey and I think my father realises that. Sure, I have a university degree and tried to put it to use, but to no avail. So, I sit here writing essays to try and make ends meet. Essays with a message for the people that do show we're all in the same boat. That even the best father in the world, my own, has a sort of distance he keeps from his children. It usually flows from childhood trauma and a willingness to bring up a better generation of people. Better than he had, better than his peers had, better than anyone's had.

I sit here writing this trying to stifle tears because the love is that strong and I know he'll always be there for me.

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Honestly, I don't think it can be conveyed in words what he's done for his family and friends. The ever silent, steadfast, reliable, humble rock. Through a flash of inspiration, I've decided to write this essay, yet I don't think I've done him justice. I don't think the world has done him justice. He gave so much, took so little, and got nearly nothing back at the end of the day. To my father, the rock, I'll always love you.