Everything at once, or nothing at all

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Everything at once, or nothing at all

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I often recall feeling like a stranger in every situation albeit social or family oriented. My upbringing was not special nor deprived, a loving family and parents who worked hard to provide financial, emotional and academic support. Yet, as a minority individual who also stood out for being profoundly underweight, I struggled with low self-esteem and apathy from an early age which followed into adulthood.

Following a traumatic experience of being mugged at knifepoint, these feelings of self-consciousness were taken to another level. The outside world became a source of great anxiety and stress. Eventually a simple walk down the street was accompanied by paranoid delusions and extreme hypervigilance for any source of threat. Or rather, everything was a source of threat. I could feel each person glaring at me, talking about me, conspiring against me. The sound of laughter from any group was aimed at me.

“It’s because you are different”, “It’s your skin colour”, “It’s because you are skinny”, “It’s because you are worthless”, “It’s because you are ugly”

This flood of thought became the new reality of a simple walk.

A year later, I started an undergraduate degree in psychology. I decided to remain in my hometown and live with family for the first two years. I became increasingly isolated, with my bed rendered the only safe place. I moved into a shared student flat for my final year in an effort to become more social. For the first time things looked up. I made new friends, I began to socialise and spend more time outside. Whilst the aforementioned pattern of thought persisted, I had a reason to fight them. However, this outlook was short-lived. After the death of a close friend, additional thoughts relating to guilt and shame ensued along with the feeling of isolation.

Not long after, I started on fluoxetine, increasing doses over the years until I was eventually maxed out whilst concurrently moving from one form of therapy to another. I learnt a deeper understanding of myself, but to what end?

A year into starting a PhD, I received news over the phone that another friend, and someone I had previously dated had passed away. It was at this point where I realised my ability to feel had diminished. I couldn’t even cry or shed a single tear. I knew that I was upset, or at least the concept of it. But no emotion could be expressed. A year later at a conference in Seattle, my mother was taken to hospital with meningitis. When I returned home, she was completely immobile and mute but eventually made a partial recovery and regained the use of her voice. Again, however at the time I failed to outwardly express any emotion.

In an effort to self-medicate, I increased my maximum dose of fluoxetine and began to misuse prescription sedatives and painkillers. This is when the hypomania and psychotic symptoms started. I was either feeling everything at once, or nothing at all.

Floating above my body, I would sit watching the imposter below sabotage my being. Behaviour became erratic, thoughts and ideas raced. I felt everything at once, unable to control my mind or actions. I would say things that I did not mean or that were often socially unacceptable. I would buy things I didn’t need and couldn’t afford. I’d live like there was no tomorrow.

“Stop!”, “What are you doing?”, “Why are you saying that?” – I was trapped.

It was often short lived but followed by a period of guilt and shame which transpired into a phase of depression and physical self-harm. Eventually normality ensued, but never for long.
Eventually, the changes in behaviour became apparent to my family and I decided to reluctantly explain the nature of my mental health difficulties and self-harm to them. I felt like they wouldn’t understand. I felt like no one ever could understand. I felt like I would be a burden, outlining a list of self-involved problems that would seem trivial. Yet, in doing so a weight had been lifted and this in itself was an incredible catharsis. I now had the support of family.

I managed to complete my doctorate and currently work as a lecturer in psychology. My symptoms rarely persist now, however the knowledge gained in my subject area alongside medication and psychotherapy have allowed me to manage them where necessary. It’s now been a year since my last experience where I perceived a room full of people to be staring at me, whereas in reality the room was empty. I’m optimistic that things will get better, and I hope that sharing this story will encourage those experiencing similar symptoms to seek help.