Yes, me too.

A story of PTSD.

I was four years old, in kindergarten, when a boy closed the distance between us uninvitedly and kissed me. I hadn’t asked for it. I was seven years old, on family vacation, when a boy twice my age cuddled and kissed me in a hammock. I hadn’t asked for it. I was 14 years old, on a school trip, when a teacher touched me inappropriately. I hadn’t asked for it. I was in my teens when a boy touched my thighs and breasts, every single day and tried to pressure me into doing more. I hadn’t asked for it. I was 16 when my boyfriend, despite knowing all of this, pressured me into having sex when I was not ready. In short, I have been sexually assaulted for many, many years by several boys and men. And that has left me with an ever-present companion: PTSD.

When the past becomes the present: what flashbacks feel like

Post-traumatic stress disorder, or PTSD, is a mental illness which follows an impactful traumatic event. It’s the brain’s way of dealing with something no one should have to deal with. What that means is PTSD comes with an array of symptoms, which are supposed to help the mind heal, but which also cause great distress in the process. One of the main symptoms are the flashbacks. They happen when someone relives their trauma after it has been triggered. A trigger can be a simple word or a sound, a smell or anything that is linked to the trauma. In my case for example, this is, rather obviously, any mention of sexual assault, being touched without my consent, or something as random as the word “skiing.” A fun winter activity, but for me a painful reminder of my teacher sneaking into my room at night. The following flashbacks make me feel like I’m back in the situation, I start to panic or cry. My body reacts as well, I feel nauseous and dirty. Used. It’s like I can feel hands moving towards my crotch. The feeling can last anywhere between a couple of minutes to a day, the mental strain can take weeks to shake.

What else is there to PTSD

PTSD comes with more symptoms than just the flashbacks; there are more things that I have to deal with that are often associated with PTSD. It’s important to note that not everyone will experience every single symptom; it’s much more subjective and greatly depends on the individual situation and person. That being said, let’s talk about my disorder. Depression is a common companion of the disorder, as going through trauma can easily make you fall into that dark place. My depression was here long before I was diagnosed with post-traumatic stress, but they still work far too well together. Another symptom I want to mention is the memory loss. For me, that means I have a blind spot when it comes to the worst case of assault I went through. Imagine waking up from a nightmare, sweating, breathless in your dark bedroom. You don’t remember what the dream was about; all you remember is the vague terror that followed you there. It’s being left with the feeling without remembering the action. It’s pure helplessness.
Why me?

The last symptom here is more of a side effect really. As in literally by your side: the reaction and attitude of others. A lot of people feel like they can have opinions about someone who was sexually assaulted. It’s not enough that going through all that makes you feel like your body has been taken away from you, no, far too many people will make you believe your feelings towards the attack or even the attacker are wrong. While sentences like “What were you wearing?” or “But did you say ‘no’ clearly enough?” sound overdrawn, they are sadly very much reality. These might be horrendous examples of victim blaming, a practice in which the victim of an attack is made to feel responsible for what happened to them, but for me, they aren’t the worst. The worst are uttered whenever there’s news on TV that another person has come forward with claims that they were sexually assaulted or harassed, usually by some big name in the film industry. To sit on the couch and hear your own mother say things like “Oh, why would they come forward with this after all these years? Why didn’t they say something right after it happened?” that’s the worst. Because mum, I haven’t said anything either since I was severely groomed for the first time 15 years ago. I didn’t come home from that skiing trip to tell you what my teacher did because the amount of shame and guilt I felt sewed my mouth shut. And after hearing you and dad say those things, do you think your own daughter will ever feel safe enough to tell you what happened to her?

Who this is for

I’m publishing this article anonymously, but at the same time I want to send a message: I want to be seen and heard. That’s hypocritical, one might argue, but here’s why I have chosen this route. Aside from my therapist and a few very close friends, no one knows about my story. Starting a conversation about my experiences is something I still don’t know how to do, and maybe never will. Until now I haven’t even worked through it in therapy. It’s incredibly difficult, both because of my severe memory loss when it comes to what happened and more importantly, our society still putting a veil of shame over the topic of sexual assault. Despite that, I’m grateful for the attempts made by the #metoo movement to encourage men and women alike to openly share their stories. I’m trying to get better at talking about my story, and this article is my first step. And hopefully I can show at least one person reading this what I needed to hear all these previous years: You will survive. You will regain power over your body, over your sexuality, over yourself. You are so much more than what happened to you and though the journey to recovery is a constant mixture of progress and setbacks, there is one constant through it all: I am here, and so are you. You will survive.
Battling an invisible enemy

When your reality becomes prison

“The worst part about having a mental illness is people expect you to behave as if you don’t.”

Many people suffering from mental illness, be it anxiety, depression, or PTSD (post-traumatic stress disorder), tend to hide their condition from others. While these are rather known and talked about more and more in an appropriate way, schizophrenia doesn’t find that kind of proper representation and recognition as much. Society tends to associate that illness with rather negative images, so naturally, those suffering from it hide it as best they can, though that doesn’t always work as well as it does with other mental conditions. My goal here is to give you a less biased take on schizophrenia – as unbiased as I can be, given that my mum is suffering from it.

"Madness is like gravity. All it takes is a little push."

So, how did it all start? Of course, I can’t speak for everyone struggling with schizophrenia, however, I want to try and give you a bit of insight into this illness.

During my mum’s training as a bank clerk, she kind of slipped into the wrong friend group. I don’t want to go into detail here, but she basically started taking drugs, cocaine mostly. In the beginning, this didn’t affect her much, until this drug pushed a little button in her head, turned a switch, and it all went downhill. I myself wasn’t around at that time and from what my grandmother told me a few years ago I’m glad I wasn’t. “But how can a drug cause that much damage in a person’s head? Should I worry about that?”. Well, no, you don’t need to worry too much about it. Of course, most drugs aren’t exactly great, though the reason cocaine messed with my mother’s head that much lies in her genes. Schizophrenia is genetically preconditioned, which is why all it takes for it to break out if you have that gene is one too many blunts, one too many shots, and then you have to deal with it for the rest of your life. The thing that terrifies me most, though, is that I myself am inclined. If I don’t lead a more or less healthy lifestyle – meaning no drugs, not too much alcohol and regular sleep patterns – I could have similar episodes as my mum. And of course, I’m terrified of that. Why? Well.

“I stopped taking my medication, I feel much better now.”

I had to swallow hard when I heard this line from Arthur Fleck, better known as the Joker in the film directed by Todd Phillips. It reminded me of the last few episodes my mum suffered through that I witnessed. Funnily enough, that quote, even if it sounds like a positive statement at first, is exactly what she said back then when I took her to the hospital at age 15. She wasn’t new to being admitted to a mental facility, but taking her there sure was a first for me, and it wouldn’t be my last time, either. Before that, I didn’t even know that my mum had schizophrenia, I simply noticed some ‘weird’ behaviour, something that would seem like total nonsense to anyone ‘sane’ but made complete sense to her. It began rather harmlessly with her feeling depressed a lot, barely talking, not getting
out of bed at all and being exhausted all the time. Then, from one day to the next, her behaviour changed completely: she stayed up all night, talked a lot, and, probably the most apparent part of that illness, started hallucinating and being delirious. Now again, these are only the symptoms my mum has had in the past. The thing about schizophrenia is that it has many, many faces. It is barely noticeable at the beginning of an episode and usually when outsiders notice it, it’s time to skip the doctor’s and go to hospital right away. It’s a cruel illness really. It can’t be cured, the symptoms can only be held at bay with several types of medication, and it gets worse and more severe with every episode. It restricts you in every way possible.

“For my whole life I didn’t think I existed.”

And with that last quote from Arthur I want to conclude this article, though I don’t really have a conclusion per se. What I now have may be an overwhelmed reader who doesn’t really know how to respond to what I had to get out. But that was one reason for me to do this, to write this down: I simply had to get it out. Talking about it in therapy or to close friends is one thing, but sharing my mum’s story and the toll it’s taken on me here is a completely different thing. I feel like this could actually reach someone who might need to see some sort of recognition or representation of this type of illness. And even if it doesn’t, I hope I have given you some insight into schizophrenia and got rid of a few stereotypes some readers might have had. I want this to be seen as what it really is: a mental illness that people suffer from, that can make people’s lives so difficult, and not a plot device in the media or something that is used to portray ‘crazy’ characters that are supposed to be scary or evil in some sort of way. And while Arthur isn’t diagnosed with schizophrenia, at least not in the film from 2019, he still had a few good points on mental illness as such. Yes, his condition was used to explain his villainous origin story, which can be considered problematic, but the portrayal itself was pretty spot on, at least for me. “The worst part about having a mental illness is people expect you to behave as if you don’t” isn’t only the theme carried throughout the entire film, it’s also a theme that shows itself on a daily basis for my mum and for many more people.
Learning about loss

Finding out that there’s no right way to grieve

I consider myself blessed – my sister and I didn’t lose any relatives until we were 19 and 22 years old respectively. We never had to go to a funeral (other than those of our guinea pigs) and therefore never experienced what it feels like to say farewell to someone that accompanied us for a large part of our lives.

The before

Learning that someone you love is going to die is hard. Your whole family is there, sitting next to your relative and you prepare for your last goodbye. When you learn that the person is snatched from the jaws of death, the relief is one of the greatest feelings, yet bittersweet. It’s the first step on your path of learning to cope.

My grandpa had his first encounter with death back in 2015, but he took a sharp turn and lived for a bit over four more years. He’d had heart conditions before that – he had a pacemaker, took a cocktail of pills on a daily basis and had had a triple bypass. But you would never have known until last summer when his health drastically declined, so far that we were no longer able to take care of him. From then on, it was a journey from nursing home to hospital and back. Each time I visited I thought that it might be the last time seeing him alive.

The day of

My grandpa died in hospital on October 21st 2019. I last saw him the day before and, other than on previous visits, had this feeling of ... knowing that it was time. When my mum called me in the evening, I knew what she was going to tell me even before she started speaking – he was gone, didn’t have to suffer any longer. Honestly, it was a feeling of relief. We talked for a while, then my parents left to say their last goodbyes and I lit a small candle and tried to sort my thoughts.

The aftermath

For the first few days, I felt numb – I had no idea about how to grieve and felt like I didn’t do it right. I didn’t break out in tears at every mention of death, I still had (and have) my terrible gallows humour. On the day of the funeral, about two weeks after his passing, I broke into tears the first time – on my train ride from Augsburg to where my parents picked me up. Saying my last goodbye wasn’t easy but being at my first-ever funeral also allowed me to get closure.

Dealing with loss is a never-ending process. Now that almost a month has passed, I am back to my (kind of morbid) jokes most of the time. But on some days, random mentions of death still push me off the tracks and I need a moment. And that’s alright. Grief is deeply personal, something that can’t be done by the book or learned the same way as a new language or a mathematical concept. Both those things share an aspect that is foreign to grief – there is a right way, a sample solution. For grief, there is no such thing. Coping with grief is an individual process that everyone has to learn about for themselves. There is no right or wrong.