



Personal Narrative

From innocence to insanity and back

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Trigger warning: This article contains scenes that may depict, mention, or discuss sexual abuse and violence

The downward spiral began when he was nine years old. Every time he masturbated, he felt guilty. The guilt was followed by him praying to God, asking for forgiveness. Eventually, his prayers took a dark turn. He started praying for his father's death because he didn't like the way his father used to hit his mother.

One day, his father overheard him talking to God wishing for the father's death. This made the him furious and he beat the boy up. The boy cried a lot and prayed excessively asking God for help. He later claimed that it was that day that he heard Ganpati, a Hindu deity, speaking to him - but only when the ceiling fan was running. Apparently, the deity was only audible when the sound of the ceiling fan was loud. Shocked and confused, he began to question his sanity. Ganpati's voice, however, offered words of encouragement, saying things like, "why do you want your father to die? Don't think like this, you're a good child." Over a period of time, the auditory hallucinations gradually diminished and eventually stopped altogether. He

neither told anyone about his experiences nor did he seek treatment.

He stated that he was asymptomatic thereafter until about the 10th grade, when he passed his exams with 58% marks. As a reward, his father gifted him a mobile phone. Shortly after, he became obsessed with watching pornography videos on the phone, indulging in them approximately 8-9 times a day.

In the 12th grade, he began isolating himself, hardly speaking to those around him, and experiencing significantly reduced sleep. This behavior persisted for about a month. Then, one day, his father came home drunk and shattered a deity's sculpture in a heated argument. The incident left him deeply saddened, and from that point on, he began to feel that the events shown on the television were about him. He believed the actors were referring to him as the 'hero' while simultaneously making derogatory comments. He could hear them saying foul things about him, calling him queer, and speaking ill of him. Whenever a vehicle

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honked, it was as though he could hear his father's or brother's voice, sometimes even his mother's voice, saying "goo kha" (eat faeces). This made him furious to the point where he would hit them. He began to hear his father's and brother's voices everytime they snored, or when the fan was running, or when he ate snacks with his tea, and the voices would claim the same thing - that he eats fecal matter. He hit family members in anger multiple times in response to the hallucinations.

While walking, he began to take two steps back and then several steps forward. If he didn't do that, he claimed, it made him restless. He would repeatedly clean his bed and dust his bed-sheets. He wanted his bed to have no creases. Having an unmade bed made him uneasy. Then, he began to pull his pants up and down multiple times a day, saying that if he didn't do that he felt extremely uncomfortable. When he started doing this even in front of visitors, his father finally took action. He took him to the police station hoping they would be able to set him straight.

The police advised his father to take him to a psychiatrist. That is when he came to our outpatient department for the first time. The boy was advised admission for further evaluation and management. He responded well to anti-psychotics and mood stabilizers, therefore, after a reasonable period of him being asymptomatic, his medications were gradually tapered off.

Soon after the tapering, he started sleeping more than usual, and was quite restless later in the day. He had to be re-admitted for 15 days and was found to have hypothyroidism, for which treatment was started and eventually he was sent home. One day, he had a heated argument with his father over his mobile phone usage, which left him feeling deeply guilty. Just a fortnight later, his father passed away from cancer, intensifying his feelings of regret and sorrow. He started becoming more and more irritated at trivial

issues, until, one day, he attempted to overdose on his medications, but was stopped by his mother.

He visited our OPD regularly and was on medications, but his restlessness and porn-watching addiction continued. He reported an inability to have an erection during masturbation, which further contributed to the restlessness. He switched multiple jobs and eventually quit working altogether. Despite treatment, he started feeling that people were looking at him differently and were talking about him, referring to him.

In an attempt to distract his mind and occupy his day, his brother suggested that he join him at the family fish shop. This strategy worked for a short time, but then he had a fight with another local vendor. Furious, he ran home and overdosed on all of his psychiatric medications. His mother brought him back to our hospital where he was readmitted.

After a drug washout, we observed that he showed severe aggression towards his mother if she tried to go away from him. He was very dominating towards her, pushing and hitting her whenever his demands were not met. Things took an ugly turn when he started using his mother to meet his sexual urges. Once, when his mother was asked to leave the ward for her own safety, he broke the computer monitor in the ward. Understandably, hospital administrators were strongly displeased. We had to clarify with the authorities that his aggression was unpredictable because it was impulsive in nature. To address the aggression, electroconvulsive therapy was given. He demonstrated a good response, and was discharged after about three weeks.

For some days after discharge, his behaviour remained unremarkable, but it wasn't long before he started behaving erratically again. His mother found it difficult to control him. He was back to being demanding and impulsive, and being hostile

every chance he got. His mother was forced to give in to his demands, but thereafter felt ashamed and guilty. Her hope shattered and she realised that she was fighting a losing battle. She brought him back to us begging for help. Recognizing that the safety and sanity of the mother was on the line, we suggested that he be institutionalized.

During the long course of her son's illness, the mother had lost a lot: her happiness, her self esteem, and now even her will to live. She had expressed her pain to us multiple times, through words and through tears, but everytime we offered help to her specifically, she would reply with, "I'm okay doctor, please fix my son. Once my son is well, I'll get well too".

In our experience with mental illness, the bond between a mother and child is a precious one, where the mother is often almost 'programmed' from within to be selfless, to be there for her child, even if it costs her everything. This situation was no different, but it took a dark turn. Here, the mother and child were entangled in a twisted pathological manner and the only way out of it was their physical separation. After an immense struggle, we realised it was time. It was time to be honest with ourselves. We think she realised it too.

Being a hospital-based unit, there was only so much we could do for him. Referring him to be institutionalised was the last ray of hope, for him and for his family. This would also give his mother the space to finally 'breathe'. It would give her the break that she desperately needed, much as she denied the need. We could see that playing the role of an only caregiver had taken a toll on her own mental and physical health. Her sunken eyes and tired soul were screaming in silence, calling for help.

As his treating doctors, referring him to the regional mental hospital to be institutionalized was an act of hope. We based our decision on CHIME, a personal recovery conceptual framework, that stands for Connectedness, Hope, Identity, Meaning and Empowerment. CHIME, particularly its component of Hope, served to guide us, even when the path seemed lost.

The patient did not visit us again after institutionalization so we do not know the facts of the time he spent at the regional hospital. However, we often see the mother and she says that the boy is doing okay. The mother is doing well too, receiving treatment for her depression, and is learning to smile again. At each follow-up visit, she shares stories of her son's recovery, finding solace in his progress. It is evident that hope is slowly returning to their lives.

As of even date, the son, after an extended stay in the institution, is back home now, and is living with his mother and his brother. He is compliant with his medications and also helps his brother at the family fish shop. We have the family's consent to share this story.

No matter what happened, his mother stayed.

No matter what happened, his brother stayed.

Trying to live in harmony,

Taking each day as it came,

Finding meaning in everyday life,

Trying to build an identity from the broken pieces—

Some broken from within,

Some shattered by society

—Fixing them,

Gluing them together,

With the cement of optimism,

And the bandages of dreams.