watching

By Ethar Hamid

They are here. They were here when I was fourteen, and that was the worst of their presence, and now, they are here, again. "Why?" I want to ask them. "Why me?" But if anything, they will probably respond with a maddening "because." They don't care about me. They would be happy to see me spiral into a painful insanity.

They are here; they are watching. That tinker behind the walls? That was them. That bump, somewhere in the house? That was them, too. But lately, they are not as owl-eyed as before. Before, they were unblinking … focused … and unforgiving. Lately, they've softened their gaze, a little.

A few years ago, I had wanted to scream at these criminals – they were puncturing holes in my peace of mind; they were shredding up any feelings of security, all with nonchalant hearts and nimble hands. It is only now, at their second arrival do I question if they are the cause of my unsettled mind, or if it is my disturbed mind that produces them. Maybe this is a sign that I'm a little bit better than before.

Ethar hopes to be a writer in order to help people suffering from mental illness and mental health issues; she believes that stories can do more than let sufferers know they are not alone – they can help heal. She is the youngest in her family, and is currently studying Communication at George Mason University.

Ethar explains how she view her own mental health and the difficulty of assessment, diagnosis and treatment when those symptoms could be shared by multiple disorders.

Sometimes, I wish I could see or hear things that aren't actually there (I wish I could hallucinate). To my limited psychiatric knowledge, that symptom would lead to a most accurate diagnosis of my mental disorder; perhaps schizophrenia, bipolar, or something else.

The fact that I have never seen or heard stimulus that didn't really exist is something of a let-down. It feels (to me, anyway) like my diagnosis is not as clear-cut. And after nine years of suffering from mental illness without an accurate diagnosis, one begins to crave a little definiteness and closure in the story.

In other words, at this point, I just want a concluding statement — you have "this," without a reasonable doubt. Then, I could join support groups, read books written by other sufferers, live as a person with the illness. But how can you begin to accept what you have (in terms of disorder) if you don't know what you have?

As of now, I am diagnosed with depression and OCD. But to me, the diagnosis doesn't feel certain. As a result, I feel uncertain — I feel like a leaf floating in the wind, not belonging anywhere. And I can confidently say that at this point in my life, I want probably more than anything to know what it is that I have.

I can identify with paranoia, depression, obsessive-compulsive behavior, anxiety, and delusions. I hope I'm not leaving anything out, here. To be fair, this range is difficult to work with.

It's a cocktail of an illness — a little bit of everything. And despite my yearning to be a person with a classic case of so-and-so disorder, I'm glad I can (at least) pinpoint definite symptoms that I suffer from. To know that my unease with leaving the car even after locking its doors six times has a name, is reassuring. And to know that the feelings of being watched and plotted against has a name, is also reassuring.

So, in my pursuit of closure, I may just have to find books written by people who have suffered from what I have suffered, and not who have what I have. Maybe I just have to live as a person with mental health problems and not as a person with a mental disorder.