

# Lifting the Fog



## Coming to grips with delusion disorder

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**I feel the eyes of every stranger I pass burn through my skin. Sometimes they burn so badly, I have to stay in the cold shadows of my apartment until the blisters heal. Now I'm not a narcissist; I don't believe I'm anything special to look at. So am I paranoid? Am I being dramatic? I can't possibly be delusional. Right?**

A delusion is a fixed, false belief that remains despite all evidence to the contrary. "Delusions are when you're not in touch with reality," explains Daniel Yohanna, M.D., associate professor in the Department of Psychiatry and Neuroscience at the University of Chicago.

I've never felt in touch with reality, and I was not an easy child to raise as a result. My night terrors prevented my mother from having a peaceful night's sleep until I was around 12 years old. I used to run into her bedroom, sobbing because my dreams didn't go away after I opened my eyes, demanding that she sleep in my bed. It didn't stop the hallucinations, but I felt better knowing something real was next to me. At some point, I decided I was too old for that nonsense. The hallucinations didn't stop, but I got used to them.

Yohanna, who has practiced psychiatry for 30 years, specializes in affective disorders and schizophrenia. He explains that delusions can be symptoms of various disorders, rather than a separate diagnosis. They can occur with depression, mania, bipolar disorder and other mental illnesses. Brain tumors, diabetes and endocrine disorders also can cause delusions.

Delusions are an invisible disorder. People who have them may not realize their perceptions are different than those of other people.

In 11th grade, I flung myself down a flight of stairs because I felt a spider on my nose in the night. I clawed chunks out of my scalp trying to dig the spider eggs out of my brain. My father searched my room for bugs, but found none. Everyone around me attributed my antics to an overactive imagination. I didn't feel very imaginative, though. I wasn't imagining anything; it was all happening, right in front of my eyes.

"It's just that," says Yohanna. "You can't convince somebody that it's not true." But what happens when our daydreams dictate our lives? When do delusions become dangerous?



For Joshua Kennedy, 24, bipolar disorder was the source of his often-dangerous delusions. His first episode was in middle school, on the football field. While huddling up, he felt his anxiety bubbling up, his gears beginning to grind. "I'd be out on the line and throw up on the field," he recalls. "All the dads would approach and be like, 'Psychological warfare! He's fucking everybody up,' and I didn't really know what was going on, but everybody was cheering for it," he says.

Becky Brasfield, 32, also had early delusions and anxiety that were ignored. "My parents didn't attend to my mental health," she says. Lacking support from peers, friends or guidance counselors, she says, "I was just alone, feeling ashamed and secret about my symptoms. There was nobody to talk to."

According to the Child Mind Institute, the median age for the onset of anxiety disorders is six years old, and around 17 million children have had a psychiatric disorder. Approximately 80 percent of youth with diagnosable anxiety disorder do not receive treatment. Early anxiety leads to later psychiatric disorders; half of all psychiatric illness occurs before the age of 14.

Kennedy's anxiety motivated him to excel in sports and school. But by eighth grade, he was consumed by negative self-talk, insecurity and depression. "I was only 13 years old, and I didn't know any better," Kennedy says. "I thought that because I felt bad, I was bad."

Although Kennedy was not diagnosed with bipolar disorder until he was 18 years old, he experienced manic and depressive episodes throughout high school. Sarah Keedy, Ph.D., a clinical psychologist and assistant professor of Psychiatry and Behavioral Neuroscience at the University of Chicago, says bipolar disorder is defined by these episodes of mania or depression. "Usually you see the delusion become a part of these episodes," she says.

Kennedy's first manic episode happened during his sophomore year of high school in English class. "I thought I was Jesus, and that I was best friends with The Beatles," he says. Kennedy immediately alerted his classmates to his revelation. "Guys, I know what they're talking about. There's strawberries in the field and I got it," he remembers saying to his peers. "Sure, Josh..." was the general response.

Just before Kennedy's senior prom, he experienced his first depressive episode. "It's like having the worst flu everywhere I on your body, except there's no physical symptoms," he says. "I don't have a fever, but I feel like I'm rotting inside."

"I became so emotionally numb, I became physically numb," he says. Kennedy began cutting himself. "Just to feel something, just to feel a little bit, because I couldn't turn the emotions back on," he says. Unfortunately, Keedy

explains that no one really knows the link between delusions and self-harming. In the course of three days, Kennedy went from feeling suicidal to invincible. Despite his mood changing, he continued to self-harm. "I thought if I kept all this joy in, I was going to explode," he says. "There was literally a sun growing inside of my chest, and I felt like a god."

Yohanna explains that delusions of grandeur and of the body are common. Many delusional individuals will believe they are God, he says.

During one of Brasfield's psychotic experiences, she went from having the spiritual belief that God lived inside all of us to believing she was God. "[I believed] that I could control the universe and have come here incarnated as myself to change the world," she says. "No one would guess that God was somebody that looked like me, and my suffering was like Jesus's suffering."

But this grandiosity should not be confused with vanity; both Kennedy and Brasfield express a great discomfort during their delusions. "Even when you feel like a god, everyone is against you because they're not following your orders," Kennedy says. "Don't you people understand? I'm the King Emperor of the United States and you're not doing what I want." Eventually, this grandiosity led to Kennedy speeding into oncoming traffic. "Because I challenged it," he says. "Everything is a challenge."

Hallucinations are also common among people with delusions. "They are usually auditory hallucinations," Yohanna says. "Hearing things that other people don't hear, more rarely seeing things or feeling things that aren't there."

Brasfield began hearing "the whispers" in her early 20s. She defines the whispers as many different voices, or the same voice, repeatedly murmuring in her ears. She couldn't understand what they said, but that didn't stop them. "I heard a voice. Actually, there were two voices," she says of her most recent psychotic episode. "It was eerie and also calming. If I listened to the message, it gave me relief."

Kennedy also heard voices. Beginning at the age of 18, he had "a lot of hallucinating; a lot of sleepless nights." He followed a set schedule of self-destruction: go to the hospital, get fixed, get out, get drunk and pass out. He felt that was the only way to drown out the voices. He also abused benzodiazepines, stopped sleeping and became depressed. Rinse and repeat. This lasted for about five years.

Similarly, Brasfield abused alcohol throughout college. After hearing the whispering voices, she was put on anti-psychotics. "It wasn't particularly receptive because I was drinking and lying about how much I was drinking," she says. Getting drunk and drowning out the voices is much easier than admitting you're hearing voices.

**"Paranoia is typically more dangerous to the sufferers than anyone else."**

**—Daniel Yohanna, psychiatrist**



Abusing drugs or alcohol is not uncommon, explains Keedy. “A lot of people with major mental illnesses do at some point in their lives struggle with abuse or addiction. But of all the people who are abusing or addicted, it’s probably not the majority of them who have major mental illness,” she says.

One night, about five months after his 21st birthday, Kennedy was admitted to the hospital, still drunk. He attempted suicide later that evening. “Do it. Just do it. Nobody wants you anymore. Just do it,” the voices urged. “I was convinced that if I were to kill myself, I would be reborn without affliction,” Kennedy says. After a few workers found Kennedy “hacking away” at himself in the bathroom, they tried a new type of treatment: shock therapy.

Shock therapy is commonly used if patients have, failed other treatments not responded to, Keedy explains. While it’s not usually her first form of treatment, she says it can be very effective. “It sounds severe, but compared to when someone is really psychotic, that can be much more extreme,” she says. “It can be quite worth it to put somebody through something like that; the alternative is much worse.”

For eight months, Kennedy received shock therapy once or twice a week. It worked for a few days, but he would always deteriorate. He felt lost. “It’s a very isolating thing, no matter where you are on the delusional spectrum,” he says. “Being in constant disagreement with reality and being so sure of yourself that you’re right, but everything else is conflicting with your truth.”

During graduate school, Brasfield’s paranoid delusions began. Triggered by stress and lack of validation, she was convinced the CIA and FBI were persecuting her, writing

letters to the federal government and hiding from the Chicago Police Department. “I heard a voice, and now the entire world is just full of authority figures that were trying to devalue me and treat me poorly,” she says.

Persecutory delusions also plagued Kennedy, who felt he was at the center of a witch-hunt. “Everybody had the same face, so no matter which way I was actually facing, their faces always pointed towards me,” he says. “You don’t know what to trust, especially when everyone has the same face and everyone is coming after you.”

In response to her delusions, Brasfield acted out. “I scared a woman and I threatened her and her family, and that’s really disturbing to me,” she recalls. “I went to jail, I tried to take my life and then I was mandated to mental health treatment.”

Yohanna notes that paranoia is typically more dangerous to the sufferers than anyone else. “Although sometimes people [who are delusional] are dangerous, the mentally ill are a very small percentage of violence in this country, and an even smaller percentage of mass violence,” he says.

One of the biggest misconceptions the mental health community faces is the fear of violence, Keedy explains. “People with mental illnesses are not more dangerous than people without them,” she says. “There is no significantly increased risk of being harmed by somebody with a paranoid delusion relative to anybody else in the population.”

Ultimately, Brasfield’s outburst got her the help she needed.

“Nobody could tell me anything until my mind was stabilized, and it was the medication that got my thoughts to calm down enough to see the wreckage that mental illness had caused,” she says.



Delusions are difficult to treat. “Since you can’t convince somebody otherwise, therapies tend to not work too well,” Yohanna says. When delusions are symptoms, psychotherapeutic approaches and anti-psychotic medications may reduce the delusions. Yet, many individuals remain delusional. “On an anti-psychotic, they may not mention it anymore, but if you dig a bit and ask them, they’re usually still delusional, just less concerned about it,” he says. Keedy agrees, saying that anti-psychotic medications may reduce how compelling delusions are, but will not necessarily make them stop. “Unfortunately, it’s something we have pretty limited treatment for,” she says.

Brasfield is alert for triggers that might cause her delusions to return. After a recent identity theft, she felt herself slipping into delusional thinking patterns, despite having cognitive behavioral therapy and other wellness tools under her belt. “Because I have the delusion tape in my brain already, it’s very easy for me to get stressed out, and start thinking the worst,” she says. “I can’t even afford too many conspiracy theories in my head. I have to think in little steps, even today.”

A combination of medication, therapy and life adjustments led to Kennedy’s successful recovery. Like Brasfield, he remains vigilant. “Delusions are very self-centered,” he says. “If it’s a witch-hunt, it’s because I’m so special that everyone hates me.” He laughs; having a sense of humor is also important. “When I do start thinking grandiose, I’m in a constant state of checking myself,” Kennedy says. “I know I’m getting delusional when I start to think beyond myself.”

One of the hardest things for people with delusions is admitting it to others. The stigma of psychosis is so prevalent that it prevents people from getting the help they need. The fear of being deemed “crazy” prevented Brasfield from seeking treatment for 10 years. It’s also what makes it easier for her patients to talk to her. Today, she is a certified recovery support specialist, Director of Recovery for MADDO Healthcare in Chicago and works as a peer counselor at Sacred Heart Home.

“I’m a person who actually has the condition, has training in mental health, so there’s the middle ground where you can have a peer that’s also a professional,” she says. “I feel like had I not gone through this, I would not be able to look someone in the eye and say, ‘You can do it. I know you can because I did.’”

Kennedy is also a peer counselor at Sacred Heart Home. “I think there’s a lot of fear of judging, but I don’t think all of that judgment is there,” he says. “Some people don’t get it, and I don’t care about those people.” He laughs. “If you want to judge me for having bipolar disorder, I don’t care; I really don’t,” he says. “When you want to be more understanding, do that when you want to. But I’m not going to wait for you to come around; I’m still going to be me.”

While it is difficult, Kennedy recommends speaking out about mental illness. Otherwise, he says, “They’re left in the dark, and we’re left in the dark because nobody understands.”

Kennedy recently became a public speaker at the National Alliance on Mental Illness (NAMI), doing crisis intervention training. He also helps educate police officers on what mental illness looks like.

Kennedy and Brasfield recognize that their own mental illnesses have helped them contribute to society and even thrive. “When you have a brain that operates on the extreme, you are able to connect the dots sometimes where other people cannot,” Brasfield says. “You’re able to see the bigger picture of things in this new interesting and applied way, and it can be this amazing creative gift.”

For the first time, I realized what this gift is.

As I was walking home one evening with a friend, a man attempted to rob me. “Alright ladies, hand over the purses,” he slurred, staggering down the stairs at the Ashland Green Line stop. It took me a moment to realize what was happening, and by that point it was too late. “I’m going to fucking stab you,” he calmly said, waving his knife in the little space between us.

I stopped dead in my tracks. “Dude, I don’t have a purse, and I don’t have any money,” I said. We locked eyes. And in that moment, I felt the fog surrounding us lift. He didn’t seem intoxicated; his breath smelled like Parliaments and his eyes were as blue as the cigarette carton packaging. He seemed scared.

We broke eye contact, and he began staring at something that I couldn’t see. Suddenly, I wasn’t so scared anymore. God knows why I grew a backbone with a switchblade pressed against my stomach, but I think it was my dots connecting with his dots. We weren’t so different after all. We began talking. Eventually, he gave me the knife. •

