For as long as I can remember; I have been classified by syndrome, typified into clinical diagnoses, and treated as a psychiatric patient. I was born on November 12, 1983 in the hill rolling northern parts of the States. From birth till the mid/late 1980s I had high functioning autism and in the late 1980s till 1990s I had attention deficit hyperactivity disorder. During this period, I was held back in first grade and received remediated 5th-grade schooling; my teachers always flabbergasted as to what I had. Nearing the turn of the century, the diagnosis that I had took a “downturn” as it reads in my medical history, for the worse. Although I started to do considerably better in school, recording excerpts of an encyclopedia and listening to the melody of my voice explain arcane subjects (From my Memoir, “Words and The Infamous Brain”. “Words”: With a Sony MiniDisc player before the advent of MP3s, I recorded my voice to 140 mini discs [MDs] each between 80 and 320 min long containing 74 980 definitions, explanations, descriptions, and tales of life. “The Infamous Brain”: a 309-page bibliography with 337 600 words typed, not cut and paste, so as to manually perform memorization. Additionally, an obscure definiendum list with 2306 pages and 311 873 words, which I would read till I passed out from exhaustion. Unfortunately, during a rather episodic depressive moment, in haste, I destroyed more than half of my entire oeuvre [New Years 2006/2007]. All that left are the 35 MD tapes and the documents detailing all the information I recorded and attempted to retain), my consummate mental disposition got “tragically severe” as my psychiatrist at the time described the events of a “disparate” young man. These events climaxed in 2001, when I was hospitalized for over 3 months, missing my 18th birthday, not as a free person, instead spending it with people who talked to walls, inanimate objects, and God—apparently the conversations were not monologic.

I would spend the next 2 years of my life in and out of hospitals in the lower part of Virginia—mostly for months on end, never did I have a short recovery. I have been prescribed nearly every antipsychotic/anxiolytic in the Physicians’ Desk Reference (the list of drugs outlined is over 5 pages, nearly 115 different “regimens.”),1 been under treatment for the better part of my life, and been given the broad swath of definitions and categories from the DSM,2 before I turned 21 years of age, by over 10 different psychiatrists. I was doing well when I finally got admitted to university, but 1 year away from convocation, this affliction, whatever it may actually be, which I have or had, took the worst route.

In December 2006, the last year of university, I spent several days over the following months in a drug-induced coma, attempting suicide on several separate occasions, eventually culminating in severe depression, and not leaving my room for over 7 months. Luckily I had loving parents, found mindfulness meditation, locked myself away to read nearly 300 books, backpacked Latin America, all which led to my revival. This took nearly 4 years. From 2006 till 2010 when I finished my MSc degree, I went from barely alive to discerning many realizations about life. Nevertheless, as recently as January 2013, if I were to think deeply concerning my mental state, I would argue a mania has fomented its face in whatever I had/have. Although, I’m currently experiencing the high associated with “bipolar disorder” in this concern, which I ever so want to keep apace of (Similar to Jamison running… [my apopiopesis]).3 I know it will eventually crash and I will come tumbling down. It has happened this way every other time in my life, it’s the course of the journey that scares me, not when it will occur. Will my history in the pages of my Memoir be written by me? Or posthumously? Even today, it’s hard to tell.

I cry when I write this, because I don’t understand, why I’m so misunderstood. Why can’t I meld successfully with society better, why am I so aghast at interpreting others. I go to extreme lengths to understand people, I’m pursing my PhD in this topic, but I am often written off with no aide or assistance as “untreatable.” One of my
psychiatrists described my disposition as “aide de dernier recours” in need of aide of the last recourse. I interpreted the psychiatrists’ sarcasm when reading my medical history as being either a priest or better doctors. Neither came to my help. When individuals who do not know me, read this, they often think of the worst aspects of people (this book describes how in general the public feels about “us” odd people). I am here, to say, you are wrong. I’m living proof. For the past 3 years of my life, I have mediated deeply and been medication free, obviously to some success and detriment. My story, which I describe below, “Why am I studying neuroscience,” is a tribute to that striving nature. It is one of the many struggles I have to deal with day to day, despite being adamant about pursuing my education. Even completely adamant, I question my underlying being.

Let’s be very clear, my affliction has only affected me and people who care about me, there is no need to worry, as people often do when discussing what I have/had. I have never hurt anyone, never expressed any inclination of violence, never threatened the structure of society in which I live. I simply can’t live in the current schema as it exists. I am amiss at integrating cohesively. My disposition has been described by George Bernard Shaw as unreasonabilism, which I like a lot better than my medical record, which is over 300 pages (In Maxims for Revolutionists, Man and Superman (1903), George Bernard Shaw declares, for REASON: “The reasonable man adapts himself [herself] to the world: the unreasonable one persists in trying to adapt the world to himself [herself]. Therefore all progress depends on the unreasonable man. The man who listens to Reason is lost: Reason enslaves all whose minds are not strong enough to master her” [italics mine, added herself for gender equality]). My current book about the same. My life has been difficult. From as long as I can remember, the classifications, multiple clinical diagnoses, and treatment as a psychiatric patient as hindered me. The stigmas associated with the many disorders I have come to terms with, the societal constraints which limit my progress, and the impolite/nasty behavior I have faced when I “tell” someone what I have or had, as if it is a contagious disease rivals HIV/AIDS, are things I have come to terms with living as a human—the only appropriate definition of my existence I would allow. All I want is for people to stop asking me what I have! I am human; ask not what I have but who I am. I am a troubled individual. The current societal disposition for troubled individuals is to lock them up, smelt the key, and never let them out. This is unacceptable, and I hope my life, that which has passed, or that which remains, is a testament of how an individual can and attempt to preserve.

Currently, my dissociation with my PhD (due to my affliction) has led to a formal rebuke from my mentor, and has impacted my health (Unfortunately, my mentor has demoted me in contrariety to the contract indicating PhD student. This forms the beginning of a breach of contract lawsuit and hence another chapter of my life.). I currently don’t know why I am still studying neuroscience. In that vein, here is what I have to say.

Why Am I Studying Neuroscience?
As a struggling graduate student at the University of Toronto, I often am compelled to ask myself “why am I studying neuroscience?” This past week (February 18–28), I could not afford food and transportation, leading me to: (1) local shelters and dumpster diving as I had as an MSc student at New York University to find sustenance to live and (2) sleeping in the lab/hospital where I work, because the $3.00 dollar sub ride was prohibitive of going back to where I wanted to sleep. I simply did not and, continually do not have money to afford these general “luxuries.” Tonight you can find me sleeping in the lab, and I can only hope I find food. As a student pursuing a PhD in neuroscience for my terminal degree, I am over $56 000 in debt, and with the rising cost of living in Toronto, pared with the inequitable salary for someone of my education and debt (=17 000 a year), this situation appears to have no mitigation in sight. When I lived in New York City, the situation was similar. As a struggling student, I often did not eat because I simply could not afford food (New York City is where I learned the art of dumpster diving, freeganism, finding food from shelters, and neo-Luddism/neo-Ludditism), and sleeping in the lab was normal, as opposed to paying the $2.25 sub ride to my home. These situations I continually endure as I go into my 3rd year of graduate school, with possibly 4 more years left, are eerily similar. My circumstances often implore me to ask myself, and I do everyday: why am I studying neuroscience?

When I was a young man I was diagnosed with a mental affliction as I describe above; this both consummately fascinated me and has hindered my progression throughout life. I was fortunate enough, in spite of the mental affliction to gain entry into a small local university, where I excelled in a practice others did not: research. The innumerable hours reading in solitude, digesting arcane topics, and developing a world-view of a subject matter was something I could only tear myself away from to go sailing and surfing. It was normal for me to lock myself in a room; researching, reading, and writing for 3 days straight only to peep out with no sleep and a polished manuscript in my hands. Recently, I copyrighted all my research and musings, totally over 3000 pages. My manuscript in the works (Life Insane: My Memoir—Making of the Madman), which I am continually writing for submission at the end of the year, is in that vein. Although, it took me 6 years in this method to graduate with a BA honors (usually a 4-year degree), I came out with something no undergraduate student, I am aware of, has ever accomplished before: I had
Why Am I Studying Neuroscience When I Have a Disease Science Can't Explain

3 sole author publications in peer-reviewed journals (My mentors/guiding professors insisted due to the amount of work I alone undertook, that I be published as a sole-author.). My studies/research were propelled by giants in the field Norman Geschwind—proponent of hemisphere lateralization/specialization,⁶ Alois Alzheimer—eponym of a disease affecting millions,⁷ and genetically modified mice of human disorders using stem cells.⁸ At this early stage of my career I was happy to research anything, and luckily, I was well received by the journals where I published. My early studies are systematic of a coalesced pursuit into a very specialized field in neuroscience—I wanted to design a mouse model of Alzheimer’s disease and study the hemispheric structural manifestations of the symptoms. Although this was not accomplished, I dreamed of eventually doing it, and my early research was symptomatic of that ideation. Every editor I meet praised my research and was enthused about me as a young scientist. I never once thought early in my career: why am I studying neuroscience?

My innate verve for research propelled me into one of the most respected Auditory Neuroscience Labs in the world, at the Center for Neural Science, New York University (NYU). I was grateful to complete my MSc there, where neuroscience continued to fascinate me. Yet it was at NYU where I digressed, my affliction emerged its head again and my finances, due to the cost of “the City”, skyrocketed. I sought answers, wherever I could find them, but mainly I started questioning myself: why am I studying neuroscience? I was lucky again after my MSc, in spite of my affliction, and with my current finances that I constantly face, to gain entry into an Otolaryngology lab at The Hospital for Sick Children for my PhD, where I continue my research in auditory neuroscience. Here again in the academic vein, I continue to ask questions that help me form the basis of what I hope will someday be an original significant contribution to knowledge in the field of structural neuroscience. A field I have pursued since I was a 20-year-old freshman at university, nearly a decade ago, and from whence my first studies originated. A field I am immensely intimate with because of my cerebral affliction, whatever I have, had or whatever it actuality may be. Yet, unfortunately, I get distracted.

I continually have inquiry in the face of my struggles. The lack of food, inadequate money for transportation to sleep at my home, and stress that foments my mental affliction, makes me disillusioned about why I started pursuing this path, so long ago. Any support I receive now is not only a financial mitigation of my struggles, it is a tangible reminder of people indicating to me—don’t worry about why you are studying neuroscience, we care about your opinion and will keep you here a little longer. As I continue to pursue my current research questions, which I hope will form the basis of my dissertation, I can only hope people start helping me understand: why am I studying neuroscience? To be absolutely unequivocally clear, my struggles bolster what I do not know: why am I studying neuroscience? I do not know. This, even if I finish my dissertation and PhD, will be the biggest question of my academic career, in the face of my illness: “why am I studying neuroscience when I have a disease science can’t explain?” My life needs answers, not more questions.

References