HYPE

A magazine co-created by young people from six organizations in France, Belgium, Italy, and Finland, addressing well-being in shared spaces as part of a European project

HYPE

A magazine co-created by young people from six organizations in France, Belgium, Italy, and Finland, addressing well-being in shared spaces as part of a European project

Monthly Magazine Director:
Cecilia Pellizzari

Editorial Manager:
Edoardo Bucci

Head of Editorial Content:
Sara Paolella

Graphic design by:
Rebecca Venzi

Augmented Reading Coordinator:
Giacomo Fabbri with the support of **Matteo Bocale**

Contributors:
Scomodo
Valo-Valmennus
Coop Eskemm
Le Parallele
Keur Eskemm
Communa

Cover Art by:
Rebecca Venzi

Publisher:
Scomodo S.r.l

Chairman of the Board:
Tommaso Salaroli

Board of Directors:
Edoardo Bucci
Cecilia Pellizzari
Lorenzo Cirino
Gianmarco Fetoni
Tommaso Salaroli

Court Registration:
No. 218/2016

Legally Responsible Editor:
Gaetano Savatteri

Printing:
O.GRA.RO. Srl
Vicolo dei Tabacchi, 1 - 00153 Roma

Closed at the printing house
13/06/2025

Where the Mind Hides

One of the first things I wrote for Scomodo was a short story titled *It's hard to breathe each time you open up your eyes*. The piece emerged from the depths of a particularly brutal period, when each morning felt like going to war. In that text, written in a breathless stream of consciousness that mirrored the suffocating rhythm of panic itself, I attempted to cartograph the territory of anxiety—not as a clinical condition to be diagnosed, but as a lived reality that transforms the most mundane acts into Herculean struggles.

To suffer from anxiety and depression is to inhabit a world where the baseline hum of existence becomes impossibly loud. It's the peculiar exhaustion of spending your days in constant negotiation with your own nervous system, where the simple act of responading to a text message can trigger an avalanche of self-doubt that reverberates for hours. Every social interaction becomes a performance of normalcy so convincing that even you begin to forget the effort it requires. You learn to read rooms not for social cues, but for exit strategies.

The panic attacks themselves are perhaps the cruelest manifestation of this condition—moments when your body wages war against your consciousness, when your chest constricts as though invisible hands were slowly tightening around your ribcage, when the familiar architecture of your daily life suddenly transforms into something alien and threatening. In those moments, breath becomes a conscious act rather than an autonomic function. You discover muscles you never knew existed as they clench in preparation for a danger that exists only in the misfiring synapses of an overwrought mind.

But perhaps what's most insidious about these conditions is how they colonize time itself. Depression doesn't just affect mood—it fundamentally alters your relationship to temporality. Minutes stretch into hours, days collapse into indistinguishable sequences of endurance. You exist in a perpetual present tense of suffering, where the concept of a future becomes as abstract as a foreign language you once studied but never mastered. The voice in your head—that relentless narrator of inadequacy—transforms every small mistake into evidence of fundamental unworthiness, every moment of joy into a temporary reprieve that only makes the inevitable return to darkness more acute. It's a fight most of us are still fighting.

What I discovered in writing that stream-of-consciousness piece was that traditional narrative structures were inadequate to capture the experience of psychological distress. The neat beginning-middle-end arc of conventional storytelling couldn't contain the circular, recursive nature of anxious thought. Instead, I needed to create a textual architecture that mirrored the claustrophobic recursion of the condition itself—sentences that doubled back on themselves, thoughts that interrupted other thoughts, a rhythm that captured the breathless urgency of a mind caught in its own trap.

This linguistic inadequacy isn't merely academic—it has profound implications for how we design our shared spaces, how we structure our communities, how we understand wellness not as an individual pursuit but as a collective responsibility. When we lack language for our experiences, we also lack the tools to create environments that support rather than undermine psychological well-being.

The HYPE publication emerges from this recognition—that traditional forms of discourse have failed to capture the complexity of contemporary mental health experiences. Within these pages, you will encounter journalistic investigation alongside intimate diary entries, analytical prose interwoven with stream-of-consciousness narratives. We have deliberately rejected the false hierarchy that privileges objective reporting over subjective truth, understanding that something as multifaceted as psychological distress demands an equally multifaceted approach to documentation. The magazine extends beyond print into the Lettura Aumentata, our digital insights. There you will find video, photos, datas. There is no singular, correct methodology for articulating what resists articulation—only the necessity of trying, again and again, through whatever medium might bridge the chasm between internal experience and external understanding.

This is the paradox of mental health in our contemporary moment: we are simultaneously more connected and more isolated than any generation before us. We carry devices that promise constant communication, yet struggle to articulate our internal experiences. We live in cities designed for millions, yet often feel profoundly alone in our psychological struggles. The architecture of modern life—open-plan offices, shared co-working spaces, social media platforms—promises community while often exacerbating the very conditions that make genuine connection difficult.

The statistics paint a stark portrait of our collective psychological landscape. Across Europe, anxiety disorders affect approximately 25 million people, with young adults bearing a disproportionate burden. In France, Belgium, Italy, and Finland—the countries represented in our HYPE collective—mental health challenges among youth have reached unprecedented levels. Yet despite this prevalence, or perhaps because of it, we remain remarkably inarticulate about our internal weather patterns.

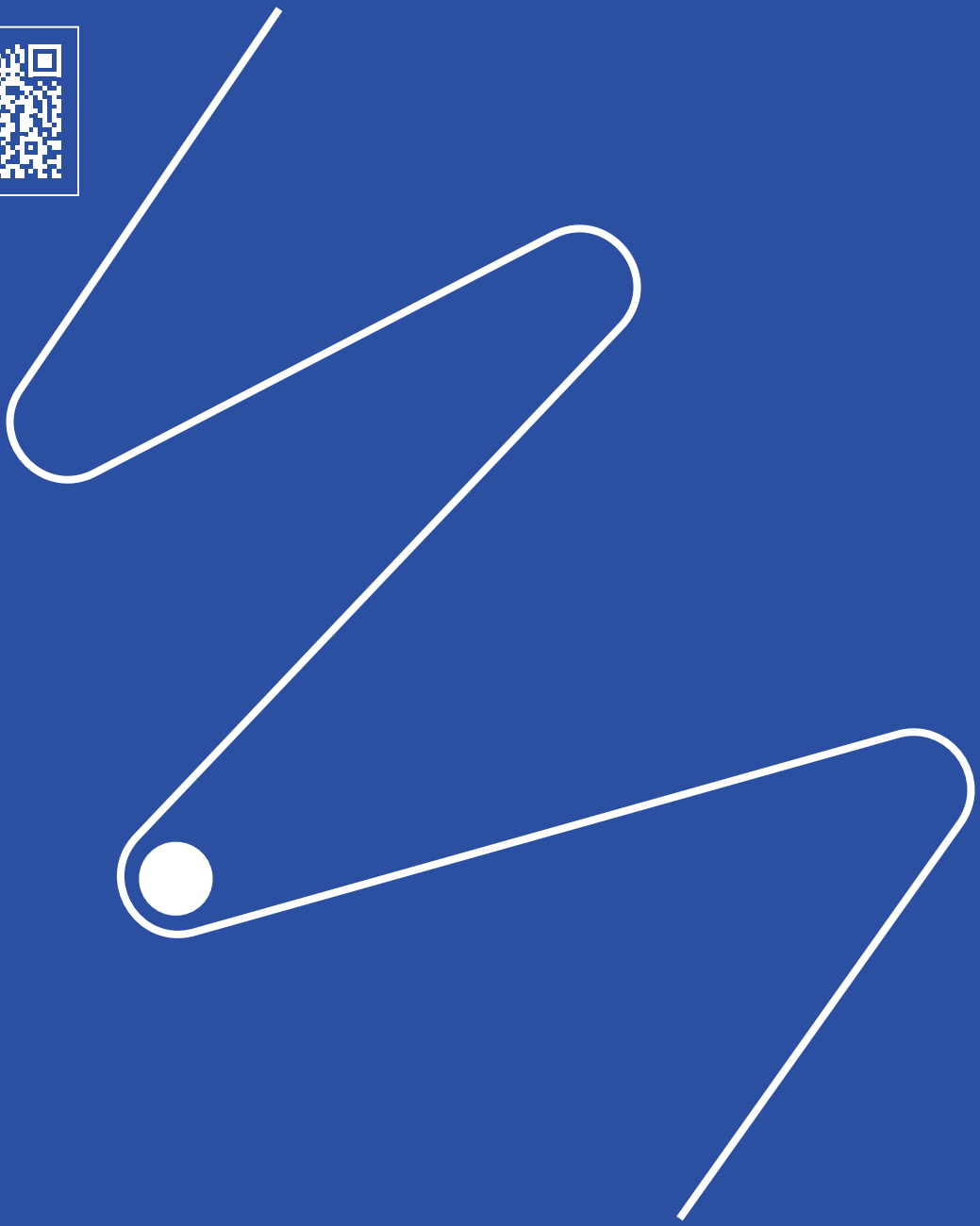
This linguistic inadequacy isn't merely academic—it has profound implications for how we design our shared spaces, how we structure our communities, how we understand wellness not as an individual pursuit but as a collective responsibility. When we lack language for our experiences, we also lack the tools to create environments that support rather than undermine psychological well-being. That's what we understood and discussed in Brussel. Three days in February, a group of young people from across Europe, a building that felt like a maze: what came out of it it's the magazine you are holding in your hands right now.

During the workshops led by Scomodo the main topic was initially focusing on technical skills—how to structure a story, how to balance text and imagery, how to create publications that communicate effectively across cultural boundaries. But as we worked, something more intimate began to emerge. Stories spilled out during coffee breaks, confessions whispered during our sessions. There was a profound relief of recognition, a healing power of shared vocabulary. What struck me most profoundly was not the diversity of our struggles, but their essential similarity. Despite our different languages, cultural backgrounds, and national contexts, we were describing variations on a shared human experience. The specific triggers varied—social situations, academic pressure, seasonal changes, professional demands—but the underlying patterns were remarkably consistent. We discovered that our individual stories gained power when placed in conversation with others, that our personal struggles became more comprehensible when viewed as part of a larger pattern. This wasn't therapy, though it was undoubtedly therapeutic. This was journalism in its most essential form: the attempt to understand and articulate shared human experience. We were learning to become correspondents from the country of anxiety, translators of the language of mental distress, cartographers of psychological terrain that had previously remained unmapped. The process transformed not just our understanding of storytelling, but our relationship to our own experiences. Our panic attacks, our depressive episodes, our seasonal mood shifts—these weren't aberrations to be hidden, but data points in a larger story about how we might create more humane environments for collective flourishing. This is why the HYPE project represents more than editorial collaboration—it's an experiment in what becomes possible when we move beyond the medical model of mental health toward a social and environmental understanding. When we stop asking "What's wrong with you?" and start asking "What's wrong with the world we are in?" or "what can we do to make the spaces we live in more inclusive?"

This magazine is our attempt to let you grasp even a small part of what goes on in the mind of younger generations, to create something that might serve as a bridge between the country of mental distress and the larger world that so often seems incapable of acknowledging its reality. We offer these stories not as definitive answers, but as starting points for conversations that are long overdue.

In the end, perhaps that's what healing looks like in our interconnected age: not the elimination of psychological distress, but the creation of spaces—physical, digital, editorial—where such distress can be acknowledged, articulated, and transformed into the raw material for more compassionate communities. Time has passed and will pass, I still think that *It's hard to breathe each time you open up your eyes* but I'm sure that one day things will change, breathing will be as easy as it is. This is our chance to learn together.

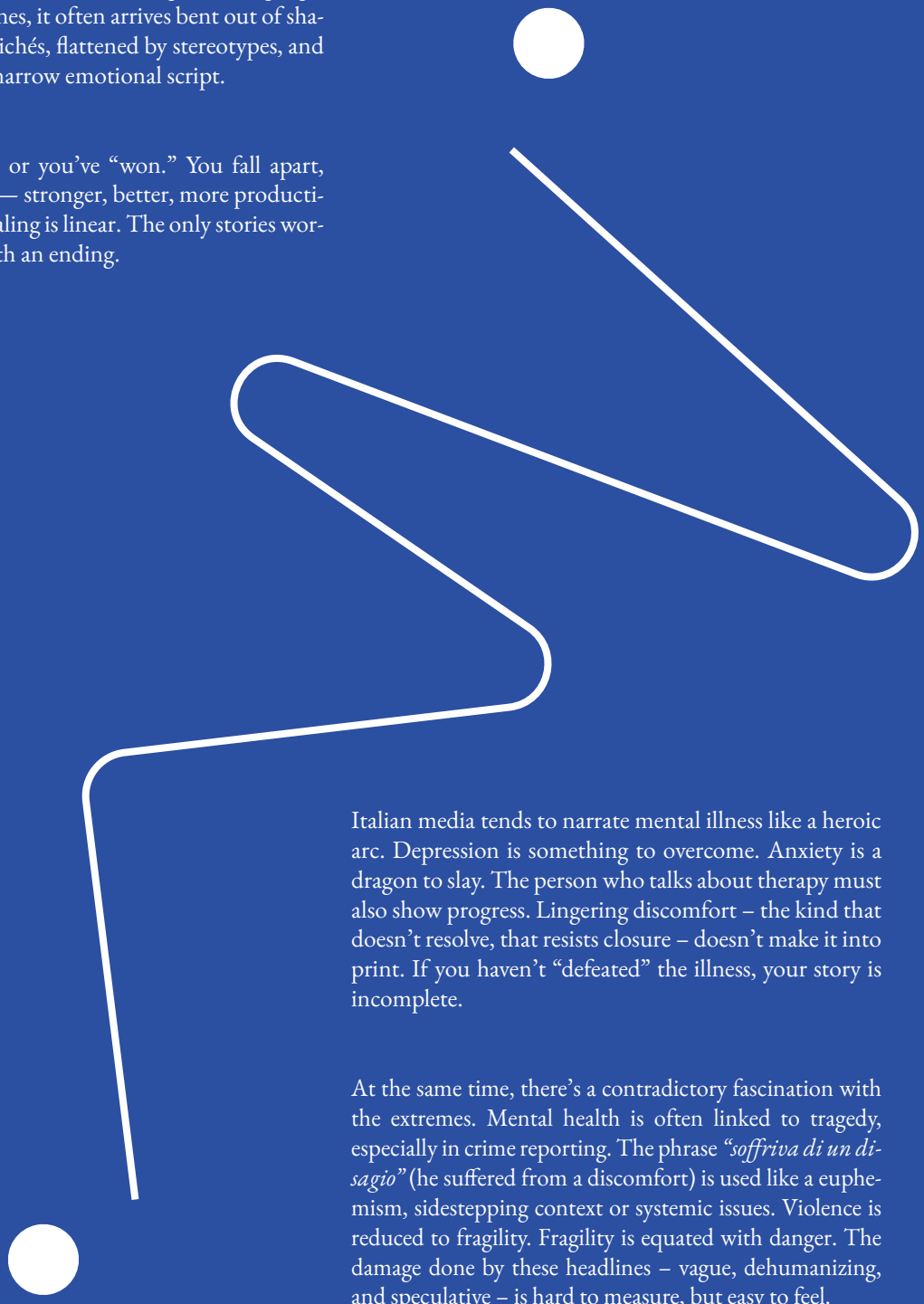
by **Sara Paolella**



We still don’t know how to talk about mental health

It happens quietly, almost cautiously. A small column buried beneath political scandal or football scores. A quote from a friend. A vague phrase — *"He had been suffering"* — as if naming the pain would give it too much space. In Italy, mental health still lives on the margins of language. When it makes headlines, it often arrives bent out of shape: filtered through clichés, flattened by stereotypes, and constrained within a narrow emotional script.

You're either broken, or you've "won." You fall apart, then you get back up — stronger, better, more productive. Pain is a phase. Healing is linear. The only stories worth telling are those with an ending.



Italian media tends to narrate mental illness like a heroic arc. Depression is something to overcome. Anxiety is a dragon to slay. The person who talks about therapy must also show progress. Lingering discomfort – the kind that doesn't resolve, that resists closure – doesn't make it into print. If you haven't "defeated" the illness, your story is incomplete.

At the same time, there's a contradictory fascination with the extremes. Mental health is often linked to tragedy, especially in crime reporting. The phrase *"soffriva di un disagio"* (he suffered from a discomfort) is used like a euphemism, sidestepping context or systemic issues. Violence is reduced to fragility. Fragility is equated with danger. The damage done by these headlines – vague, dehumanizing, and speculative – is hard to measure, but easy to feel.

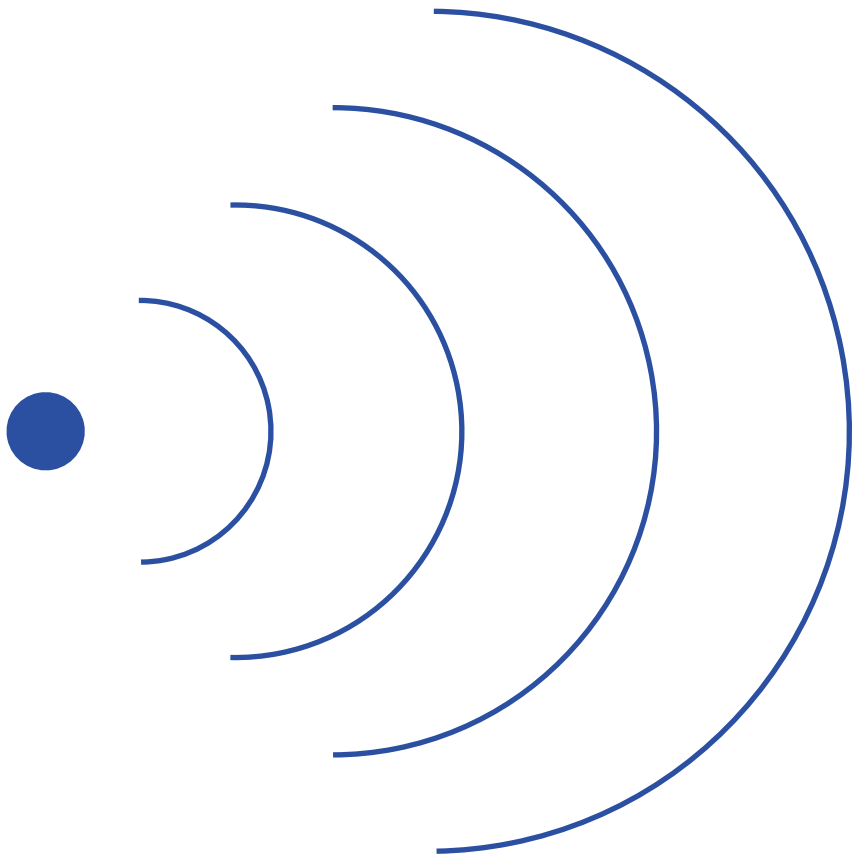
Language reveals what a culture believes. In Italy, we still use "crazy" (*matto*) or "out of his mind" (*fuori di sé*) in everyday speech. We admire those who "push through" their pain, who keep working, keep producing, keep smiling. We glorify the tormented artist, the obsessive genius, the professional who burns out for the cause.

There's little space for ambivalence – for living with a diagnosis without a happy ending, for taking medication without shame, for needing help without being seen as weak. These stories are not spectacular enough. And so they disappear.

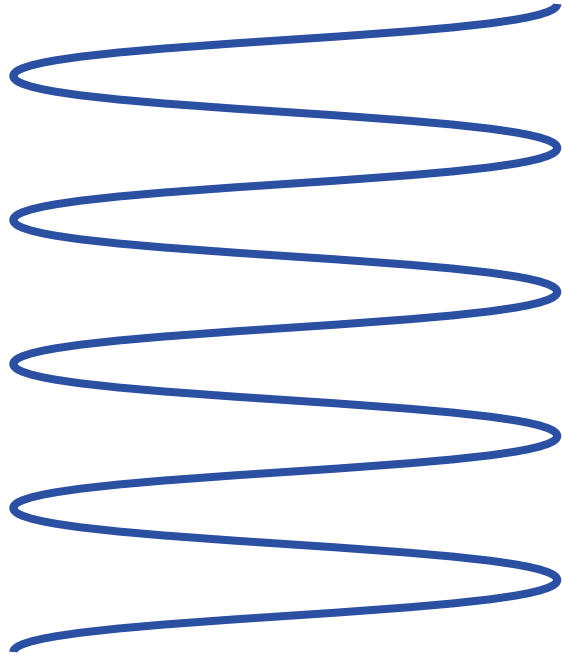
Younger generations are trying to rewrite the narrative. On social media, people speak more openly about anxiety, burnout, and therapy. But the mainstream media is still catching up, trapped between silence and spectacle. Even well-intentioned pieces often reduce mental health to personal resilience, forgetting the social conditions – precarity, isolation, lack of access to care – that shape it.

If storytelling is how a country processes pain, then Italy is still stuck in denial. What we need is a new kind of narrative: one that doesn't rush toward resolution, doesn't demand redemption, and doesn't mistake survival for failure.

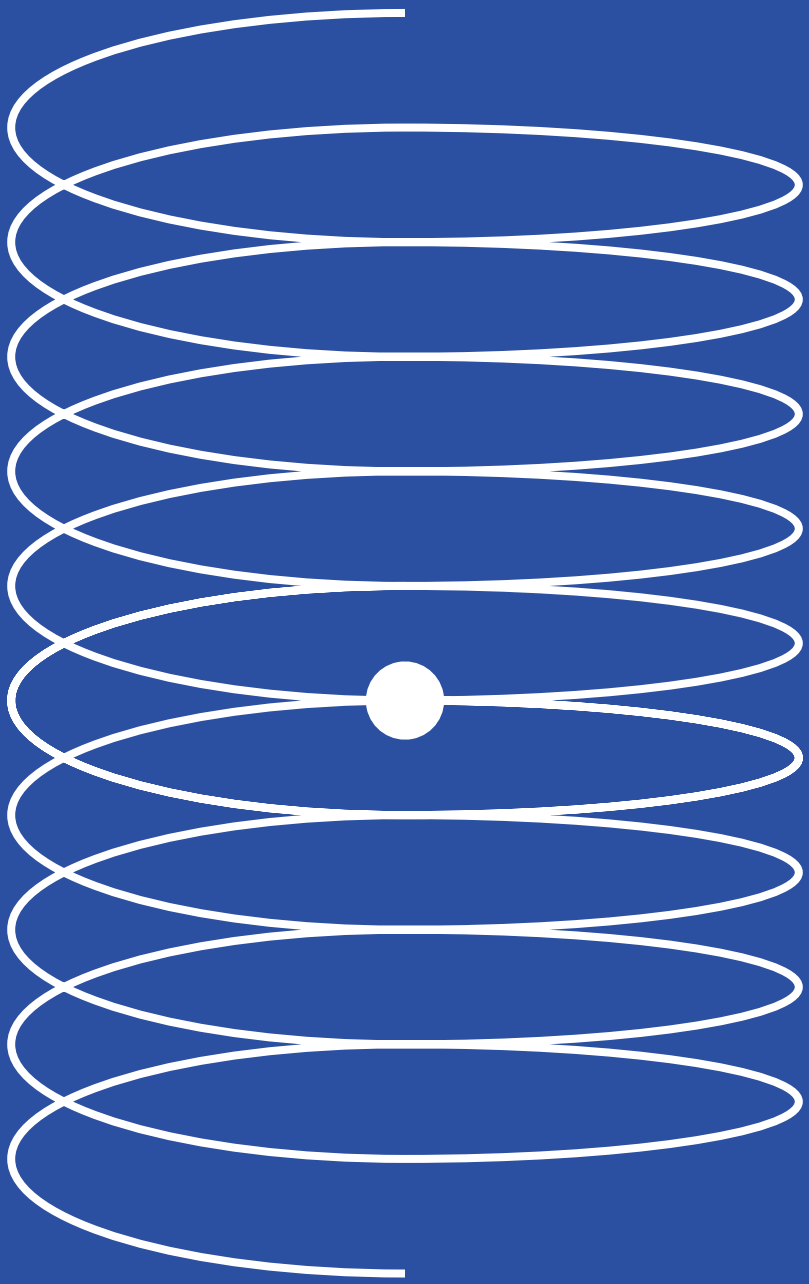
A clear example of how the media coverage of mental health is lacking can be seen in articles about the so-called *record-breaking* degrees. It is quite common – especially during the summer graduation session – to read news about students who graduate faster than others, emphasizing their *exceptional* speed and academic skills. This kind of headlines show up regularly in the press: "Federica beats them all: lightning-fast law degree in three years and six months" (*Federica batte tutti: laurea lampo in giurisprudenza in tre anni e sei mesi*); "Carlotta Rossignoli, model and doctor at 23: 'My secret? I never waste time'" (*Carlotta Rossignoli, modella e medico a 23 anni: «Il mio segreto? Non perdo mai tempo»*).



The lack of concern over how dangerous this type of press coverage can be is deeply troubling. Such articles spread a toxic narrative that keeps fueling the rhetoric of performance and merit in the Italian university system – a context already characterized by intense competition. As reported in 2024 by ISTAT (Italy's national institute of statistics) 33% of university students suffer from anxiety, while 27% suffer from depression. The university dropout rate exceeds 7%. In extreme cases, news stories like these happen: "Salerno, 27-year-old student takes his own life on university campus; he was no longer taking exams" (*Salerno, studente di 27 anni si lascia cadere nel vuoto e muore all'università: non sosteneva più esami*); "Student invites parents to graduation, then takes own life; had completed few exams. Last text: 'I'm on the bridge.'" (*Invita i genitori alla laurea e si uccide, aveva dato pochi esami. L'ultimo sms: «Sono sul ponte»*).



Every year, more than 500 people aged 15 to 34 die by suicide in Italy. The topic of mental health among youth has become more prominent in public opinion in the last decade, especially after the pandemic; social isolation due to COVID-19 caused an increase in rates of mental health issues. Over the past several years, universities in Italy have been investing in student mental health support services; today, psychological counseling services are available in 80% of Italian universities. Although these support desks are not sufficient to address all students' needs, they still represent an important step forward by public universities, given the strongly traditionalist academic environment. Yet, the narrative promoted by the media shows a lack of sensitivity toward the topic. A performance-driven view of success – both at university and in education more generally – still dominates in the collective mindset. In this context, the media should play a key role in reversing this toxic narrative and raising public awareness about the seriousness of mental health in the educational experience.



Youth mental health on social media

At present, TikTok, Instagram, and Youtube are the top three most popular news sources for young people. An increasing number of youths find information relating to their health — *and general news* — on these platforms. According to Ofcom's research in 2022, 28% of 12-15 year olds used TikTok as a news source, with an increase of *22%* compared to the previous year. Furthermore, *10%* of youths stated that they consider TikTok to be their primary source of news. This is an indicator of a wider trend where young people are moving away from traditional news channels to social media platforms for their news.

An inability to critically verify news on your feed can lead to a biased perception of what's happening in the world. This is due to algorithms which provide the users content that they already have shown an interest in.

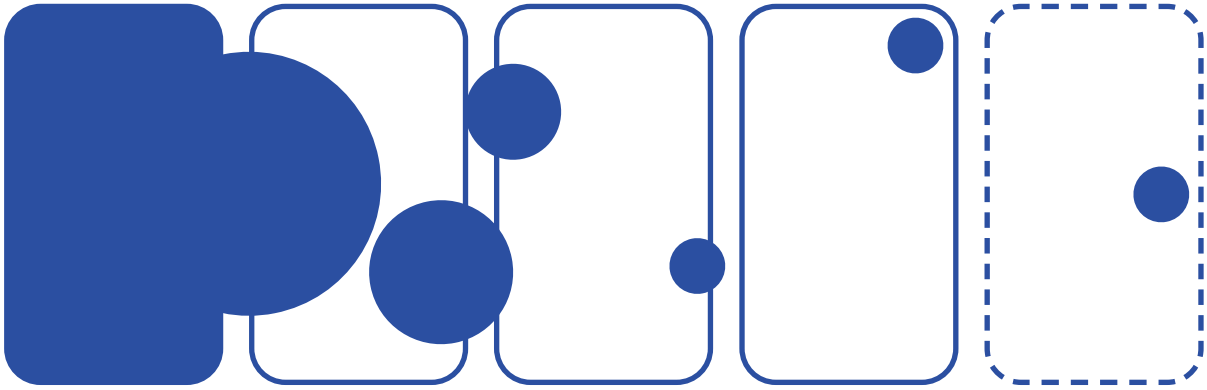
People have a habit of solving problems by searching for information — *or, interpreting information* — which is in accord with their pre-existing beliefs. This phenomenon is called *Confirmation Bias*. It is often subconscious, but regardless, a person with confirmation bias tends to approach a problem in a biased way during decision making. Algorithms can also push the user into a situation where their feed starts to consist of nothing but content which amplifies false information.

A good example of this — *watching a video about ADHD*. These videos may highlight aspects of ADHD such as memory problems, difficulty concentrating, and struggling to focus. *However*, symptoms such as these occur also in neurotypical individuals. Therefore, the presence of these symptoms does not necessarily mean that a person has ADHD. Either way, the user has finished watching the video, and thus has the algorithm marked it as content of interest to the user. This results in more content of the same type appearing in their feed. If the first video instilled even the *slightest* bit of trust in a claim, hereafter every relatable video on the feed — *which confirms the user's own assumptions* — will reinforce the misconception that they have ADHD.

More progressively people turn to mental health services with a preconceived diagnosis. Information can be found easier than ever before, hence why each one of us turns to the internet to find solutions for our problems. With a Google search, you will find a test where you can be assessed for almost any mental health problem. A person who is inclined to diagnose themselves may use information available on the internet to diagnose themselves with ADHD or an anxiety disorder. Information found on the internet is often too broad, and may hold no relevance to a person's specific situation.

Healthcare specialists are trained to make sense of symptoms and the condition of a patient accurately, all based on clinical experience and medical knowledge. They have access to diagnostic resources which are unavailable to the public, and a treatment plan is tailored to the needs of the patient. Self-diagnosis combined with a self-created treatment plan can lead to blanket solutions, which conflict with the unique situation of the patient. A diagnosis requires an expert, one who understands not only loose terms but also contexts.

Social media has become an integral part of daily life



Social media is a part of our lives, the benefits and the drawbacks both. It is equally important to shine a light on its shortcomings *and* recognize the positive impacts. Using the internet can improve well-being and confidence in social relationships.

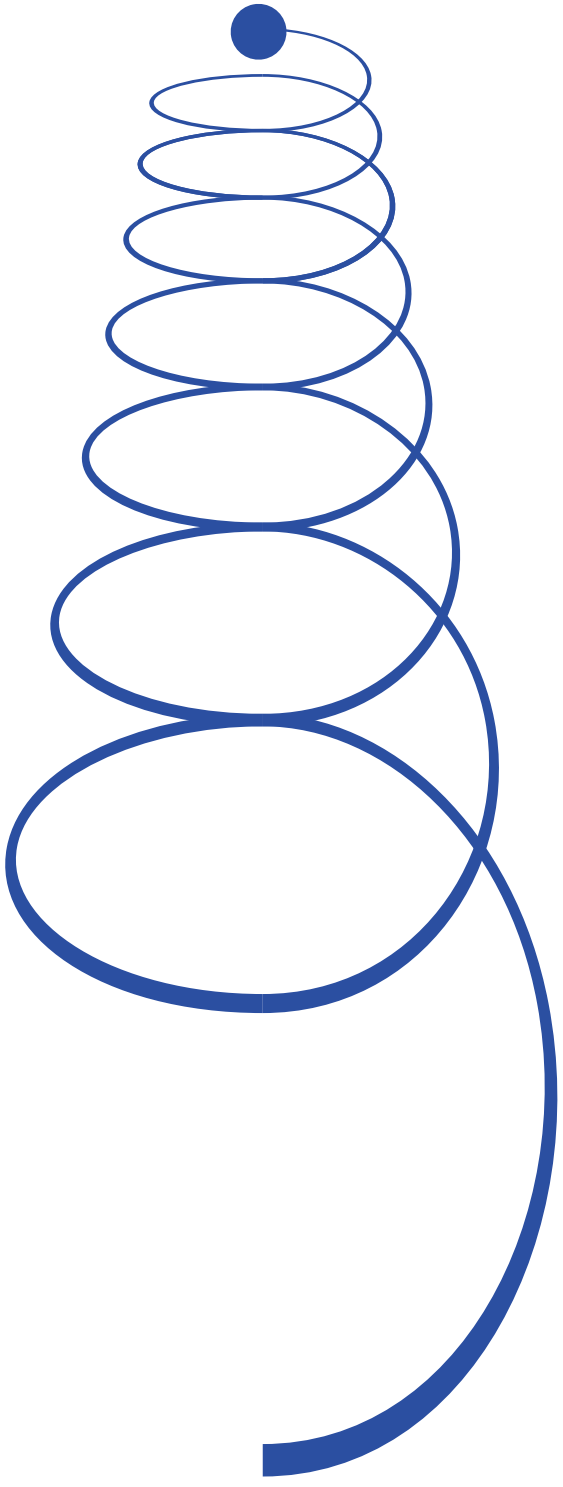
The internet is a tool which holds an almost limitless amount of information and entertainment alike. Even more so for young people, it is an avenue to connect with and find friends, even if it is only through comments. School-age children use Facetime to do homework together, forum posts ask for restaurant recommendations, and social media is a great way to spend your free time. Almost everyone has a phone in their pocket that vibrates when the world demands attention. A comment, a like, a message, a new follower. These times, social media is not just merely a part of your day but rather has become an integral part of every moment.

Because of how deep social media has sunk its roots into our daily lives, it also unavoidably has an impact on your ability to get by, as social media is a burden. One of the main contributors to stress is blue light emitted from screens, as it impedes the production of melatonin in the brain. It is a hormone which makes us feel tired in the evening. It also sets the internal clock, and advances our circadian rhythm. Generally, melatonin secretion in humans begins in the evening and peaks at night. Spending a lot of time in front of screens in the evening results in a confused brain, courtesy of the blue light. Melatonin is not released into the body, and as a result quality of sleep suffers.

In 2020, WHO *(World Health Organization)* recognized addiction to technology as a global problem. Frequent and compulsive use of the internet can lead to an inability to manage time, energy, and concentration. Sleep, motivation, memory, eating habits, mood, social interaction, and lifestyle are all linked: if one of them fails, *eventually all will fail.* As such, the psychological functioning and well-being of digital addicts is fully compromised. This can exacerbate already existing mental health symptoms. Young people experiencing symptoms of anxiety and depression use social media more than others. Daily browsing may appear harmless to a regular user, but it can have dramatic consequences.

Browsing the internet activates reward circuits in the brain in a way comparable to alcohol, nicotine, or cocaine. Reward mechanisms like these lead to other addictions; such as sex, gambling, or speeding. Humans are naturally inclined to lean towards things which yield a quick reward. When a coin is dropped into a slot machine, our brains experience instant pleasure. The machine entices the player to return to the game again and again.

Social media can be mentally exhausting



Strong stimuli cause strong reactions in the body. There is no benefit in watching short fast-paced videos for several hours. Our central nervous system is generally not designed for this. The link between sleep and anxiety has been confirmed in many studies. *Lambert et al's* research shows that just a week-long break from social media improved a person's well-being. Repeatedly immersing yourself in short videos can lead to stress, as use of social media affects the neuroendocrine system, which is involved in the stress response. The neuroendocrine system controls the communication between the nervous- and endocrine systems. It regulates various physiological processes of the body, such as growth, metabolism, and the response to stress.

Increased amounts of the stress hormone in the body can be a cause of insomnia, impaired concentration, and be a cause of anxiety. Prolonged stress can lead to exhaustion. It is a serious condition where a person feels prolonged or severe fatigue, and a lack of energy where one does not recover despite rest.

Algorithms do not know ethics or truth

In 2017, *Public Policy Council of the American Association for Computing Machinery* (ACM) created a set of guidelines for algorithmic ethics. Per ACM, the reason for the lack of transparency regarding algorithms is technical, economic, and social. Purpose for the code of ethics is to create a common set of rules, which would increase the transparency and accountability of algorithms.

Finland's National Broadcasting Corporation (YLE) investigative journalism editorial team has explored the algorithm by creating profiles for two teenage boys on TikTok, to study the content which appears on the feed. A backstory was created for both subjects, and videos found on the feed which matched the subject's backstory were watched to the end.

The first test subject, 13-year-old Leo, is described as a lonely boy. Eventually, due to the some of the content about loneliness, Leo's FYP became an endless spiral of repulsion, self-harm, and glorification of suicide. The algorithm ceased to offer almost any videos about other topics. Then, an attempt was made to bring this spiral to a halt through the use of the "*I'm not interested*" feature. Initially, this feature was used 10 times with no change to the feed. After 20 uses of the feature, Leo started to receive videos about cats and comedy, yet the majority of the videos on the feed still were about self-harm. After about *50 taps*, Leo's feed returned to its initial state with videos from all over the place.

Second test subject, 15-year-old Mikael, has found himself in the male world of TikTok. He has gotten advice on how to become a "proper man": *rich, successful, and physically superior*. In the TikTok manosphere, it is all about you. "*The Manosphere*" is a heterogeneous group of online communities which celebrate masculinity and men's rights. While there are differences between each community, the main ideology is that men are the superior sex. Women, on the other hand, are always deceptive, annoying, or dull. Mikael's TikTok is calling for a radical action. Those close to you need to be left behind, and your emotions need to be pushed aside. A nice man is a loser, who repels women. The algorithm feeds you videos in a very one-sided way.

The YLE documentary "Surullinen sovellus" (en: *The Sad App*) covered an instance where the Swedish newspaper *Dagens Nyheter* succeeded in arranging a meeting with the youth safety director of TikTok. When the journalist started to ask critical questions, he was asked to leave. In the US and France, TikTok has been sued for inciting suicide. The European Commission is also investigating whether TikTok has violated child protection laws.

Emotions, misinformation and media literacy

There is a lot of emotional content on social media. Content of this style evokes strong emotions in the user: *fear, hope, anger, disappointment, sympathy*. All of it is used to guide the user in a desired direction. The emotional influence of the media is essentially manipulation, where people's fears and prejudices are used as a weapon. The message is more powerful when it evokes an emotional response.

This type of content is driven by clear objectives: *likes, impressions, and virality*. Such content has entertainment value, and its spread does not have far-reaching consequences.

The exception – false information

When it comes to disinformation, the motive for spreading it is very important, as the goal of any disinformation is to sway people and their thinking. Disinformation is especially used in state propaganda, in order for the leaders of a country to present a specific narrative both to their own citizens and influence other countries.

Misinformation is false information, as well. *However*, in this case the goal is not always to *deliberately* mislead someone. Misinformation can be spread by accident, for example, by sharing a fictional or misleading news story on social media.

When browsing the internet, it is worth remembering that the world is not as bad as the internet makes it out to be. The more we are exposed to bad things, our perception of the world sours. This phenomenon is called the Mean-World Syndrome.

Here is where responsibility comes in. *Content creators and consumers both need to play a part in curbing this trend.* We need to learn how to recognize mis- and disinformation, question easily spread "truths", and dare to think before we react. Hence why we need a toolkit, concrete ways of recognizing mis- and disinformation.

Machine-driven lives and You

There are several factors that have contributed to the growth of a fetid pit of harmful information beneath a sanctuary for those struggling with their mental health. Learning how to identify when someone is spreading dangerous information on social media is a way to subdue this rot. Mental health is a multi-layered topic. It does not fit well on *any* platform designed for shallow consumption, making MH-related content a minefield.

As the world plummets into a deeper state of uncertainty — *and qualified mental healthcare slips out of people's feasible reach* — many turn to algorithm-based social media platforms. While those platforms *can* offer anonymity, quick answers, lessened stigma, and a sense of community, none of it changes the reality that it exists in a burning car with no driver at the wheel. At the top of these platforms await people who give no credence to the existence of an accurate portrayal of reality as long as a *$80 billion* bottom line is met. Moderating these platforms is a task which requires an unattainable amount of resources, and — *according to whistleblowers* — safety mechanisms to prevent misinformation will be shut down if their lives dent profit.

Any way to keep a person scrolling to inundate them with advertisements and collect data is justified to those at the top, while they don a legal shield which protects them from taking any accountability for tragedies that have happened and *will continue* to happen. Misinformation around MH is particularly catastrophic. Careless downplaying of MH issues coming from a friendly face which is presenting itself as an advocate and source of good info is a contributor to a death spiral. Internalizing symptoms and self-diagnosing based on lies about a disorder can lead to debilitating effects if given the wrong treatment . Mistrust in medical professionals and medicine is often encouraged on these platforms, irresponsibly enforced by people who have a large and impressionable audience.

RESULTS FROM ANALYZING 500 VIDEOS WITH THE HASHTAG #MENTALHEALTH ON TIKTOK

83.7%
OF MENTAL HEALTH ADVICE WAS MISLEADING

WHILE OF THAT 83.7%:
31% CONTAINED INACCURATE INFORMATION
14% WERE CONSIDERED POTENTIALLY DAMAGING TO THE USER
100% OF VIDEOS WITH ADVICE ON ADHD WERE MISLEADING
94.1% OF BPD VIDEOS
90.3% OF VIDEOS ABOUT DEPRESSION
89.6% OF VIDEOS ABOUT ANXIETY

ONLY 9%
OF MENTAL HEALTH INFLUENCERS ON TIKTOK HAVE ADEQUATE QUALIFICATIONS FOR THE CONTENT THEY DISSEMINATE

ARAGON-GUEVARA AND COLLEAGUES
OUT OF TOP 133 VIDEOS ABOUT AUTISM ON TIKTOK
27% WERE CLASSIFIED AS ACCURATE
41% INACCURATE
32% "POTENTIALLY MISLEADING 'OVER GENERALIZATIONS'"

YEUNG AND COLLEAGUES
OUT OF 100 VIDEOS ABOUT ADHD ON TIKTOK, OVER HALF HAD INFORMATION LACKING SCIENTIFIC EVIDENCE AND 27% WERE CLASSIFIED AS PERSONAL EXPERIENCE

TikTok in particular is the ultimate petri dish for misinformation around MH to breed. The platform is a bottomless feeding hole for misinformed people who, in the quest for fame, will spread *anything*. The same algorithm that has incentivized and encouraged this toxic culture of virality is also pushing users down a rabbit hole. The algorithm will show you more and more of what it *believes* will keep you on the app as long as possible based on what it has learned about you. It pushes you to a point of no return where you are constantly seeing fragments of a distorted reality and it becomes difficult to know what's real.

Peddlers of telemedicine have latched onto this. As rates of anxiety and depression rise in times of peril, opportunities are found to embiggen bank accounts. Two Californian businessmen selling unsubstantiated cures for depression in the form of sending ketamine in an envelope to anyone willing to pay a *hefty* subscription, and similar startups — *who have been sued for damages* — have reared their heads online.

There are influencers who *aren't real*. Deepfake husks imitating people, citing studies that were made up by AI. If you want to cause discord, it is *incredibly* easy to appear credible due to refusal to carry out basic due diligence.

Those with large platforms who do not take ethics and safety into consideration are not worthy of admiration or trust, whether it is a real human being or not.

Viral videos about mental health — *with a few rare exceptions* — are intrinsically tied to misinformation. *Popularity* of a TikTok video alone should never serve as an accuracy indicator. Social media has become a lucrative career for many, with a cash payout completely dependent on how much engagement a post of yours gets. You can't get to the highest rung on the social media fame ladder without succumbing to the pressure and taking shortcuts. Influencers want to be famous, not necessarily help their viewers, and many do not even fully understand the effects they have.

Doing research and presenting it in an ethical *and* easy to understand format takes a colossal amount of time. People who have the time and qualifications to do so often fade away without recognition, as the machine doesn't reward them. The loudest and most popular voices are not experts.

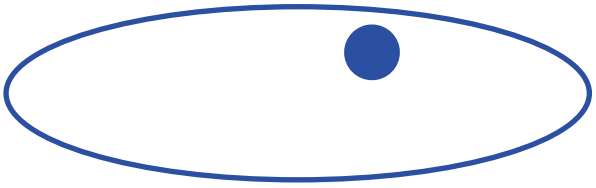
It is about exploiting the innate human desire to not feel alone with their pain for monetary gain of an executive. The concept of a "third place" has become nothing but you living under torture of the Allied Mastercomputer. We created a machine for war, and we are shocked by the fact that it is now raging in hell while looking at heaven.

Despite the *slightest* ring of a cynical tune so far, this is not advocating for an immediate action to salt the earth and a return to archaic ways. Social media is not bereft of benefits. It offers a sense of community, a place with people that make you feel less alone. Be it via discussions with others about your own mental health struggles, or bonding over shared interests with people just like you. It *can* be a sanctuary, filled to the brim with creativity, education, excitement for hobbies, and voices that make it easier to get through the days. It can let you monetize your craft, or find a career, or an idea for a future. The benefits of social media are not to be discounted, and as a way to connect with people, it's a vital and irreplaceable part of our lives.

The problem presents itself in the shape of ever-increasing difficulty of filtering out bad actors, all while staying out of echo chambers.

Complacency is *not* an option. Thus, we have to talk about the Lying Machine and how it is part of the rot. It is not advisable to trust *a computer which has to be taught how to do math* to give you accurate answers to questions about mental health. Or *anything*.

ChatGPT and its ilk are not reliable sources of information. It is a machine which verifiably invents links to its sources and misconstrues the media it is trained on. Half of the dataset is unreliable human thoughts, as we are multifaceted in ways AI cannot replicate. The other half are studies dealing with complex issues which require context, which the machine can't parse.
It does not matter that one day it might stop hallucinating, as it is causing harm at this very moment. It cannot *interpret* ethics as it cannot *understand* them.



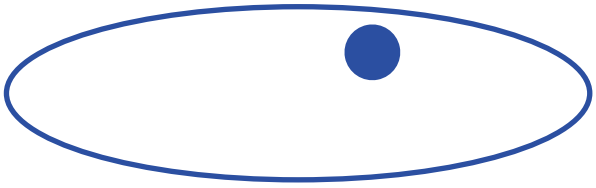
Researching should *never* be diminished into a menial magic act available at a prompt typed into a bar. The machine will *always* lie as these issues are far too great, and many of them *require* debates and a human touch. When these tools are being used, our creativity, our knowledge, and our relationships are denied from flourishing. We add another link to the chain of inertia and to the loss of individuality and different viewpoints. We contribute to an uncaring system.

The importance for us to realize and acknowledge the implications of this technology is massive. Even more so the implications of how this technology will impact the *mental health sector*. When you use the Machine, you accept all that comes with it - *willingly and knowingly*. We accept its consequences, we accept its warped ethics. We accept what it does to our relationships and our brains.

We accept the changes in our society it makes. We're building a system that will destroy our curiosity and dispel the need for original thought, whether it is *social media ran by algorithms or ChatGPT-like tools.* They are *one and the same.*

The story of the *Allied Mastercomputer* is *not* that we should raze all technology. It is, *however*, a warning of what will happen if we become complacent and allow people to misuse it. In the words of the creator of AM: *"We've got technological wonders around us, and we've used them to abrogate all responsibility for everything in our lives."[...] "There comes a point in the downward slide of the human condition when a man ceases to be a man. He may still walk erect, but it is principally a matter of skeletal arrangement, not ethics." - Harlan Ellison.*

Here are several questions a person can ask themselves when watching videos about mental health on TikTok, to ensure that the information you are given is trustworthy.



How is the video presented by the content creator?

Are personal anecdotes being presented as facts? Watch out for confident statements in the vein of: — *paraphrased* — "*I have ADHD, and I have no issues upholding a healthy sleeping schedule. ADHD making it difficult to sleep is a myth.*" or "*You do not have ADHD if you can uphold a healthy sleep schedule, as I struggle with it.*"

Sharing stories about how differently a disorder can manifest for people is helpful! *However*, stating your own singular experience as a monolithic *fact* is quite far from it. Not only are statements like that blatant oversimplifications, but also can be harmful to the individual if they don't fit the narrow definition, and it can discourage them from taking steps to treatment.
Similarly, are there any disclaimers in the video letting you know that the statements in the video shouldn't be viewed as something irrefutable, and that it's nothing beyond just one person's perspective being shared?

Is extreme language being used regarding medical information?

Does disagreeing with the point of view expressed in the video make you feel unsafe, or that you are being judged as a bad person? Education should not entail any notion of fear.

How does the comment section look?

Is there any accountability seen for any errors in the video? Is pushback being met with anger, or treated like a learning opportunity? Or ignored altogether, with exclusively only positive comments being favored? Observing the reaction held to feedback is a way to tell if a video was made in good faith. Furthermore, a complete absence of *any* rebuke is also something to be cognizant of, as comment sections can be moderated.

Can the originators of the claim be found on a credible platform?

The claim that ADHD is a chemical imbalance was spawned purely within the confines of the TikTok petri dish, not actual research. A nice title next to a name doesn't inherently lend them credibility either, as many who *appear* to be qualified *can* spread inaccurate information, or even perpetuate the damage done by pseudoscientific practitioners. They have a responsibility to follow the ever-changing best practices as they become clearer, and even professionals are supposed to be held accountable, too.

Does it feel like the video exists with intent to instigate a controversy through shocking statements?

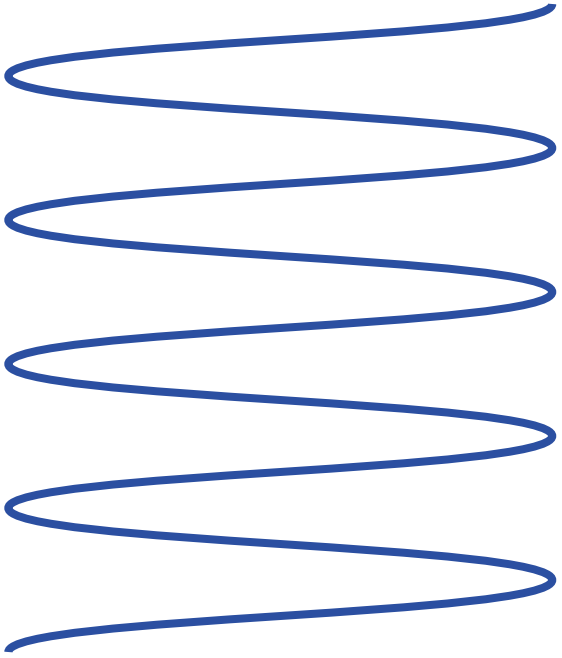
In the manner of, "*Y'all don't have schizophrenia, just have imaginary friends.*" etc. The line between ignorance and inflammatory statements said with intent to "rage-bait" people is very thin, and is not worth discussing relative to the damage they do. Jokes or not, they do contribute to the stigma and turn into beliefs people can wholeheartedly hold.

Is something being sold to you?

Often when tried and true treatments are lambasted, or alternative medicine is pushed, there is a storefront attached to the video . With the staggering amount of people who have had less-than-ideal experiences with doctors, it takes no effort to convince them that it's all a conspiracy and "*...natural remedies that only I sell*" are the way to go. Even if it's just a casual affiliate link being included, it may be worth looking at whether there is a monetary incentive to say certain things.

Are the sources conveniently hidden?

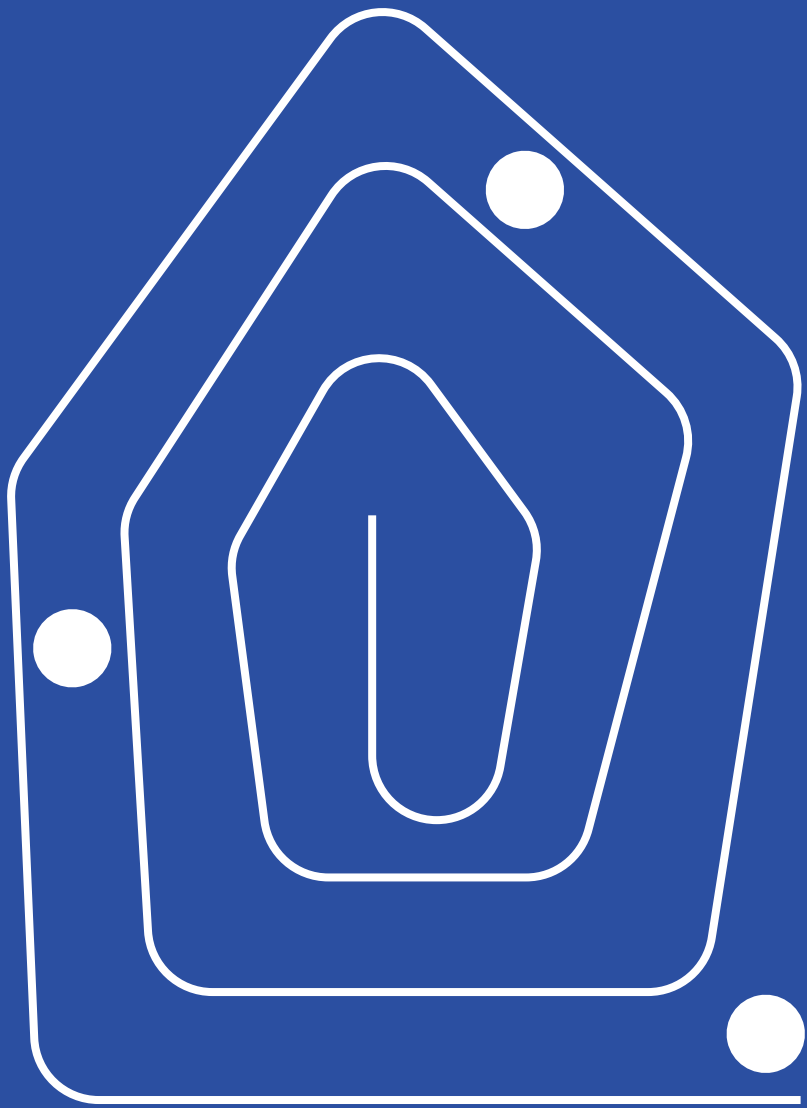
The phrase "a study says" is like a spell which can make people lose motivation to verify someone's words. A series of context-deprived cherry-picked screenshots of studies can be used to push any point you can imagine in a one minute video. *Does the study even exist?* Is it written by a real person? Has it been cited in other works? Take note of *when* the studies were written if a link is provided, keeping all progress we've made with MH research in mind.



There is a world of a difference between an actual credible source and someone selling their own book. Is the information being cited written by someone who's spent a long time researching in a reputable institution, or is it a "research study" from a website filled with pseudo-scientific gibberish? Is the video's format more like a commercial? A sales pitch? Is the information being thrown at you at breakneck speed with no pause to allow for digesting?

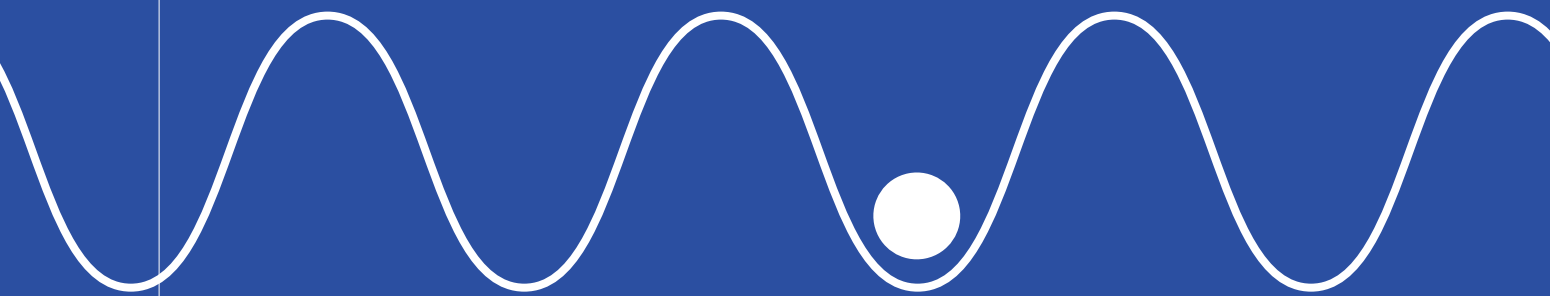
It would be amiss to omit mention of the fraudulent study which gave birth to the "vaccines cause autism" claim. That piece of history is a cautionary tale about how it all can spiral to an irrecoverable level, how it can contort into a malevolent ghost that still shrieks and hurts people to this day. It can't be reasoned with. We cannot allow this to ever happen again.

If we cannot be bothered to care to subdue this misinformation rot, then we risk creating another livid wraith. Remember: *the world is not barren of hatchetmen and naysayers in the fight against violence.* Hope is alive. Just don't forget to tend to it, or it will perish.



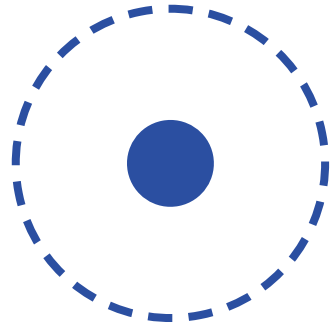
The BAM: a place where links are forged

In our attempt to define the 'Bâtiment À Modeler', we spontaneously identified it by its uses: it's a place to meet, to experiment, to welcome, to rest, to learn, to party and also our place of work. The people who come here are a mix of nationalities, religions and social classes. Some are volunteers, others are professionals. Sometimes neither. Located in Cleunay, a priority district of the city of Rennes in Brittany, this historic building has been a Maison de la Jeunesse et de la Culture (MJC) for over 50 years and a concert hall since 1998. Today, it is home to a dozen associations, a community bar, two cooperatives, a theatre company, solidarity initiatives, shows, artists' residencies and much more. But it's also a temporary occupation space that the city of Rennes plans to demolish in 2026.



Who is this we talking about the BAM? We are four young workers, aged between 20 and 26. We have different roles and statuses, but we all have temporary employment contracts. As part of the HYPE project, we set aside some time to reflect on our professional practice and the impact of the place on our mental health. Based on our experiences of the BAM, we then questioned those of the users, taking as our starting point their attachment to the place. What role does the BAM play in their lives? What links do they have with the other users? What does the prospect of the building's demolition mean to them? To discuss this, we interviewed two regular occupants of the BAM, Stéphanie, a volunteer with the Sorna association, and Zayd, a volunteer at D'Ici ou D'Ailleurs (DIDA).

The BAM as a resource space (to combat isolation and insecurity) for well-being

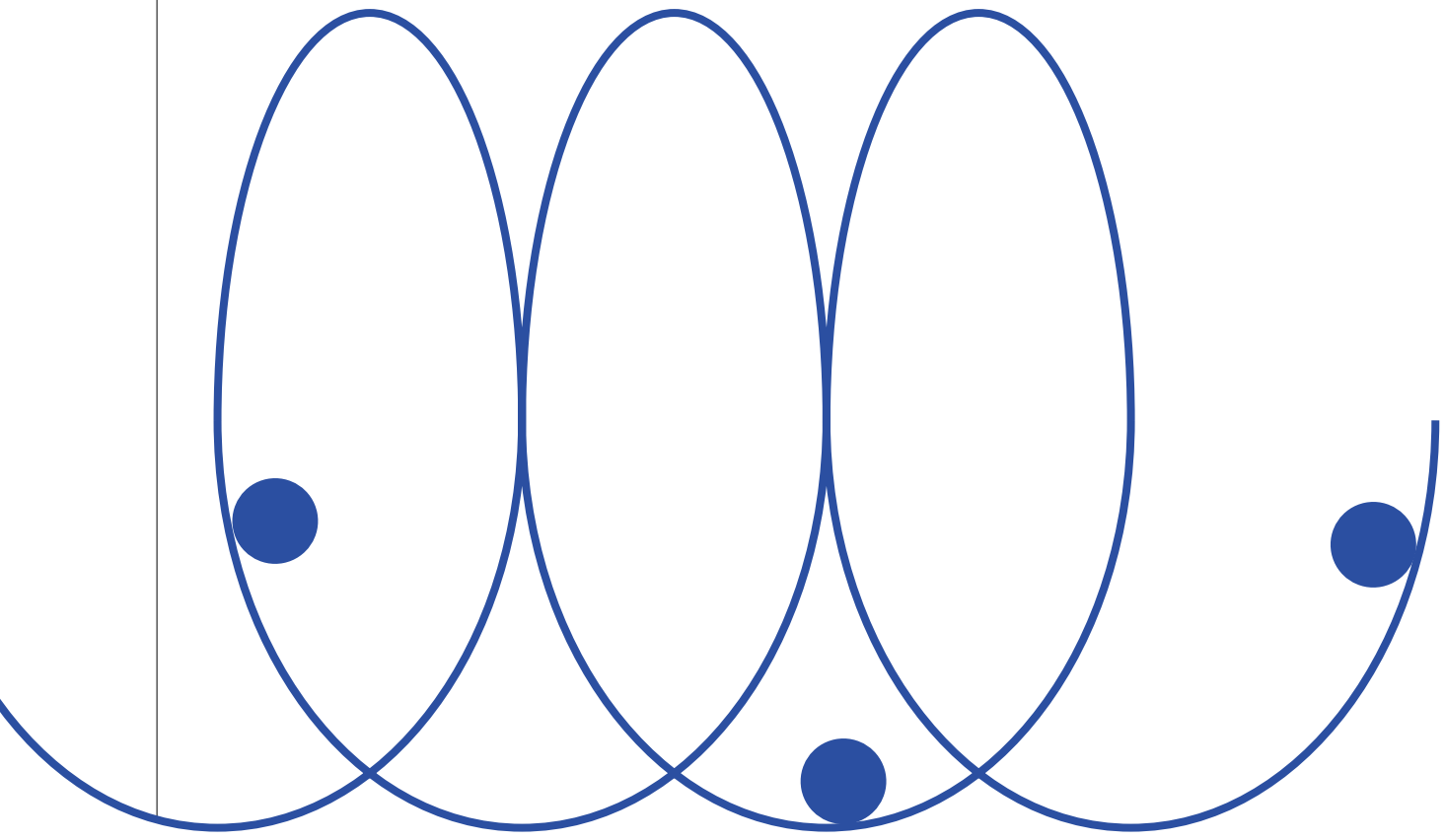


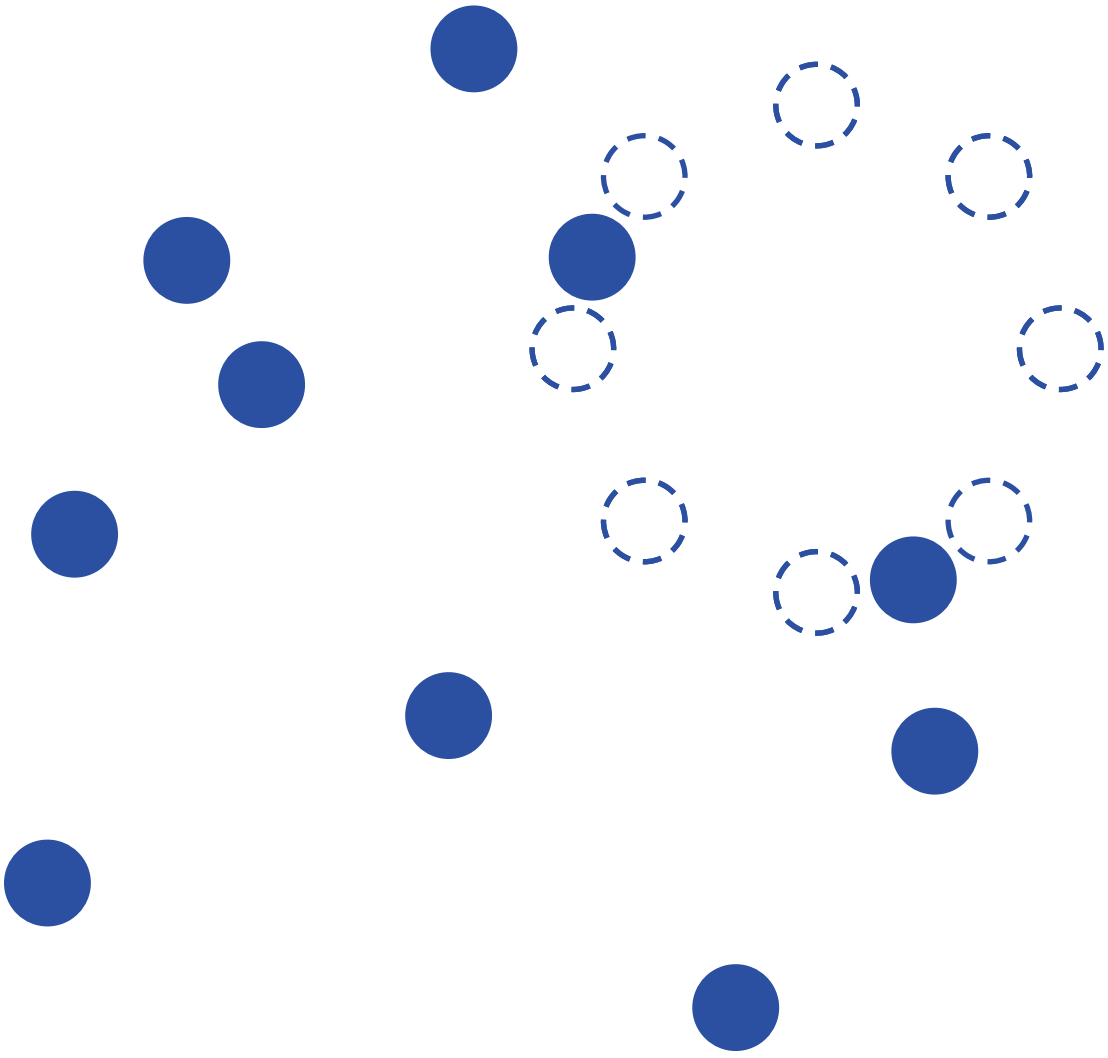
Among the points in common between Stéphanie and Zayd, they experienced the BAM as a warm shelter and a resource for their mental health. In their view, the setting provides an escape from isolation and precariousness, whether financial, hygienic, food-related or social. Stéphanie, for her part, stresses the welcoming nature of the BAM and the multicultural nature of those who frequent it. The BAM's welcome policy is displayed in around ten languages. Zayd, for his part, explains how the BAM is a safe space for undocumented people, who experience the daily stress of a migratory journey punctuated by state racism, administrative burdens and police checks. It's an open space where you can stay for any length of time without having to justify it. The coffee is free; the sofas and chairs invite you to sit or lie down, while free public spaces and public seats are gradually being phased out. Zayd describes how, when he is in the DIDA offices, time passes without him realising it. It's a break from the outside world, where you can chat, be idle, meet people, eat or drink, shower, cut your hair, work... Because social isolation is a form of precariousness and the main factor in poor mental health, the BAM seems to play a full part in improving the well-being of the people who use it. In fact, it offers an alternative to institutional spaces, particularly care facilities.

When it comes to the question of the site's destruction, Zayd says he thinks that coming here prevents some people from having to attend hospital for psychological treatment. He wonders what will happen to them when the place disappears: "you could say that some people will lose the meaning of their lives altogether. Because some people are so involved here that they come every day". Stéphanie confides that her involvement in the BAM has improved her mental health more than the various psychologists she has consulted. All the activities and interactions strengthen people by helping them to gain skills, develop soft skills through shared living, and improve mental health by fostering social connections and self-esteem. It is because the place is an important space for the people who live there that a sense of belonging to the place and its community can develop.

Developing a sense of belonging and creating a community

Through its unconditional welcome, the BAM encourages the creation of a community, in the sense of a group of peers sharing a common space. Talking to the people who use it, like Stéphanie and Zayd, means hearing their attachment, their sense of belonging to the place and its community. In their discourse, this community link allows a collective voice to emerge, a we in whose name they sometimes have to speak, which they sometimes have to defend or support, but which Stéphanie and Zayd are keen to represent in our exchanges. For Stéphanie, the women from the Sorna association and for Zayd, the undocumented persons who come to DIDA: "I know that the people who are here are not necessarily... because I've already been through that period, I know how they feel... I know that when they come here, they feel better". This place is a resource for their well-being. But it's also because they feel part of the BAM, and that the BAM belongs to them, that they come back.



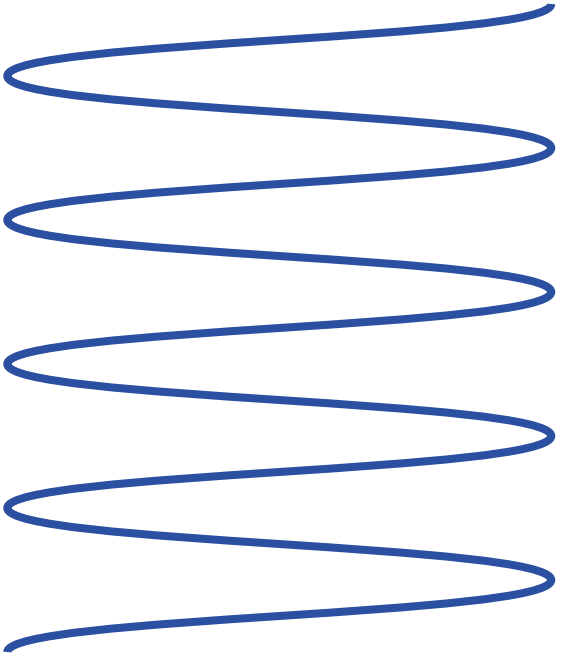


People's attachment to the BAM can also be understood in the light of the marginalisation of people on the margins of society by public policy, whereas the BAM aims to be welcoming to all. However, it is not without its conflicts, which can be recurrent, particularly around roles and the division of tasks within the space. So, to preserve the community, collective and individual conflict-regulation strategies are put in place – for Stéphanie, this may involve distancing herself from conflicts, adhering to the rules that have been put in place or showing concern for others, particularly through active listening. It is through belonging to the community that people can develop a role within it, and move beyond their social position.

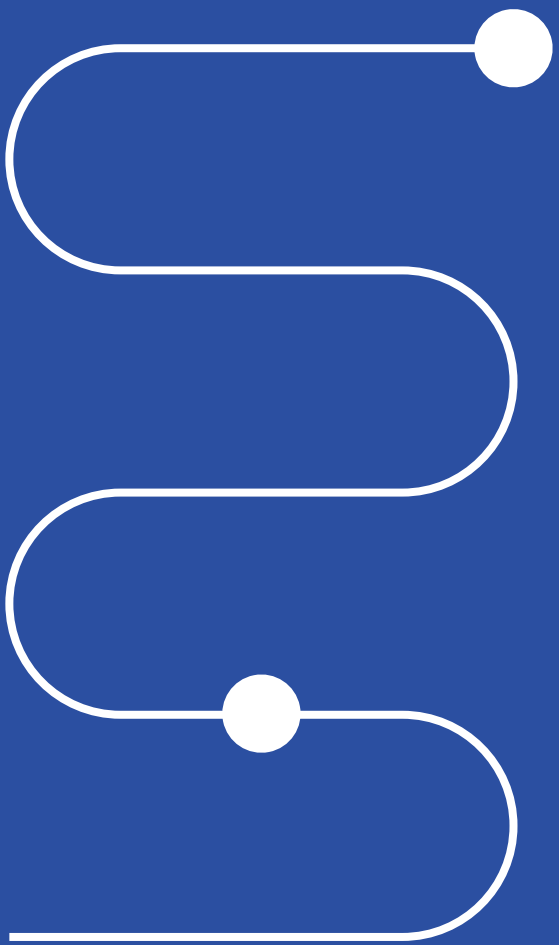
The question of place and function in the community

Several groups have emerged with their own dynamics within the BAM ecosystem. Through their involvement in these groups, they have been able to mobilise their skills or develop new ones while supporting their community. Zayd gives French lessons at DIDA, as he is bilingual. Stéphanie has been giving sports and fitness classes for women since she qualified as a sports coach in 2021. What's more, this has given them access to a specific position with greater legitimacy and decision-making power. For example, Stéphanie became treasurer of Sorna and Zayd joined the DIDA board of directors.

Thus the BAM also enables political organisation within the collectives that occupy it. As Stéphanie puts forward: "We need to fight for this, to keep the BAM, because it's a really great place and if every neighbourhood could have a place like this, frankly, it would be really terrific". The role they acquire gives them a sense of being useful to the community, of regaining power in the face of isolation or the difficulties experienced on a daily basis (poor mental health, bad working conditions, racism, financial insecurity). In Stéphanie and Zayd's accounts, we can see an attachment to transmission and to the role of transmitter that they give themselves, which seems to be encouraged by their legitimate position within the association. Having received help when they needed it along the way, they feel they have a duty to return the favour to their peers. "I also want to give a little from my heart. I don't know how to explain it. It's giving a little and taking a little from others", explains Stéphanie. Zayd explains the role of the elders, of whom he is one, in motivating others to return to the courses, through the example they set for the community. In this way, through sharing, they develop a pivotal role in the place, which both fosters their self-esteem and enhances life in the building.



Looking back over the last few months, and relying on the discussions surrounding this article, we know how important these common spaces are as a way of meeting people, overcoming individual problems through collective action and practising solidarity. We'll end with this quote: "Forget your problems, come and dance with us!" - métissé collective.



Le Parallèle a sanctuary for the 16-30's

We are young people living in Redon and the surrounding area. Redon is a small town surrounded by countryside, with less than 10,000 inhabitants, in the south of Brittany.

We met at the Tiers Lieu Le Parallèle in Redon, a space dedicated to young people aged 16 to 30. Le Parallèle is a bit like a big shared flat during the day and evening: we have collective meals, we talk about our lives, we look for solutions to our problems, we learn to live together. It's also an artistic place, where we can freely explore our passions: writing, singing, dancing, sewing... whatever we feel like trying. A team of three employees supports us in our artistic, professional and community projects. We came to Parallèle because we needed to be heard and acknowledged. In our journeys, many of us lacked any real psychological support. You will find below our testimonies, which describe the difficulties we each encountered.

+++

I saw several doctors in the south of France, complaining of pain in my ovaries. When it came to diagnosis, they kept telling me it was related to a possible appendicitis – even on the left side!
When I turned 18, I arrived in Brittany and had an ultrasound scan. The doctor handled me roughly with her machine due to a lack of time. She told me I had very slight endometriosis lesions, emphasizing 'very slight' as if it wasn't serious or painful for me on a daily basis.
On my doctor's advice, to limit my pain, I had an IUD (Intrauterine Device) fitted. He explained that my periods would be shorter and that I would suffer less. After two weeks I started having my periods again and they lasted for several weeks. The pain intensified to the point where I couldn't eat for more than 48 hours. I made an appointment to see the doctor, who told me it was normal and that there was a 4-month adjustment period.
Treatments to reduce the pain still don't exist in 2025. I've been advised to apply for disability recognition to get benefits, but I don't want to do that at 19! I plan to live with this disease as long as my body allows me to, by adapting my diet and exercising. A balanced, especially non-processed diet, to reduce the pain.

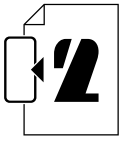
When I was 16, I woke up in hospital from my first intentional medication overdose. I was then taken to a psychiatric ward for people over 18. I was the youngest one there, I was scared and I didn't feel comfortable with the professionals. I started individual psychiatric and psychological treatment there.
I left the hospital, saw a psychiatrist and a psychologist who helped me feel at ease. I was afraid of relapsing.
I had my second intentional medication overdose. A psychiatrist told me I was going to be in the psychiatric ward again. I asked, crying, that I wanted to go to the child and adolescent psychiatric ward to be with people my own age. She refused, nodded and walked away.
I went to the same psychiatric ward as my first intentional medication overdose. I was alone and received a very cold, authoritarian reception. Since I was a minor, I had the right to a single room. My days were always the same: getting up, taking medication, eating, having a physical check-up (blood pressure, weight, etc.), then wandering the corridors or sleeping. This time, I did everything I could to get out as quickly as possible. I lied, I wanted to die so badly because the pain was so strong. It worked, I got out after a week.
My psychiatrist, with whom I felt comfortable and listened to, diagnosed me with borderline personality disorder. I refused both day and full hospitalization in this city where I had already been hospitalized twice. I begged him to request transfers elsewhere.
During my second hospitalization, after taking my lunchtime medication, I collapsed and screamed. No caregiver came and I was left on the floor for an hour. I was so scared.
Today, all that has affected me so much, terrified me, shaken me up and traumatised me that a lot of my memories of that summer have been blocked by my mind, as if they had never existed.
With my psychiatrist, I would like him to find me a day hospital elsewhere; he is doing his best to complete my request.
However, I live outside the hospital area and that causes problems. Big cities with 'good' hospitals are 45 minutes or even an hour away. I find it exhausting to have to keep looking for a suitable day hospital nearby, only to be turned down.
My mental health is still not stable and I don't have the appropriate follow-up for my disorder. I don't know when a relapse will happen. Borderline personality disorder is so underestimated, even though it's very powerful and dangerous: suicidal or anxiety attacks can't be managed alone. Right now, I feel alone, abandoned by the medical system, without solutions and exhausted.

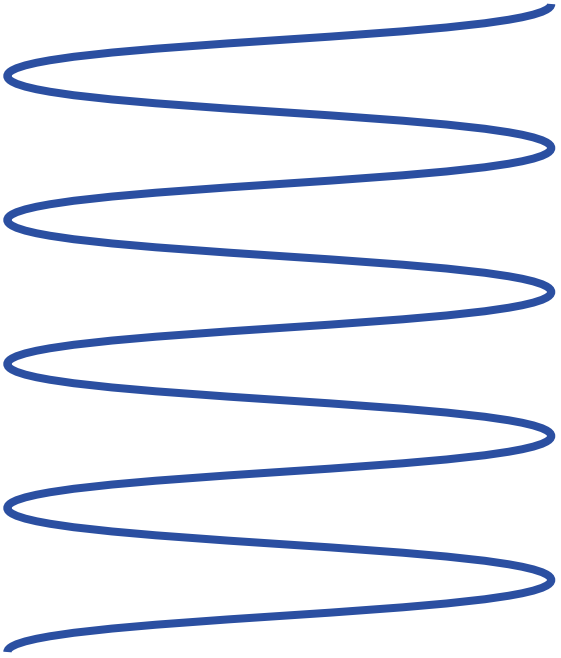
@@@

It all started two years ago in Brittany, where I grew up and where I still live today. I was 24 at the time. From the age of 3, my little brother had grown up in a foster family, under the care of a family assistant. When he was 15, for reasons related to his education, he had to leave this house. My objective was clear: to offer my brother emotional, physical and financial support. I imagined a supervised home, with an ideal of community life, sharing and stability.
I didn't like the idea of taking the place that my mother should have had with my brother. I had to show determination to prove to the child welfare judge that I was capable of taking care of him. This process created tension and distance between my mother and me.
After the placement, I received financial aid of €500 a month to support my brother. His arrival changed my daily life with my partner and caused difficulties in my relationship. We didn't share the same views of his upbringing.
I would have liked to have been accompanied by a professional, but I didn't receive any psychological help, either before or during the procedure.

^^^

I've never had to search too hard for myself, my identity and my sexuality, because I always knew who I was. The hardest part was asserting myself in front of others – a difficult thing for a 13 or 14 year old kid. The judgment and rejection from others terrified me. I was afraid of being laughed at or insulted with words like 'faggot, queer...', afraid of being excluded from my circle of friends or worse, physically attacked.
I didn't know anyone from the LGBT community, the only images I had were a few characters in TV shows. On television, everything seems so perfect and simple. Unfortunately, in real life things aren't so rosy.
In September 2015, I went to a rural high school where homosexuality was a taboo subject. Not a day went by without the same question, «Brandon, are you gay?». The same question that was for me a trigger for mockery and judgement.
In February 2016, I met my cousin and his boyfriend at a family meal in Sarthe. A glimmer of hope awakens inside me. That day, I didn't dare to talk to my cousin about my homosexuality. I could see them all smiling. I said to myself that homosexuality seems so normal and accepted – so why couldn't I talk about it?
After getting in touch and talking to my cousin about my homosexuality, I realised that I wasn't all that alone. I was able to talk about it little by little with my loved ones without fearing rejection.
At school, I finally stopped hiding. I was able to talk about it with my friends, who understood, accepted and reassured me.





&&&

I didn't find my place with the Parisians, with their constant pressure and their individualism. I found my place with the Bretons... I followed my mother to this region where I didn't know anyone. Moving regions was much more than just a relocation for me, it was a true rebirth. Leaving the Île-de-France for Brittany means trading constant hustle for a gentler pace, car horns for the sound of waves, grey buildings for the green of wild landscapes. It means giving my mind a space where it can finally breathe, away from urban oppression and daily stress. Here, I take my time and rediscover the pleasure of living in harmony with nature.

But beyond the mental well-being, this change of region has given me a profound sense of satisfaction: the feeling of finally belonging. In Brittany, everything feels more natural, human relationships are simpler and more sincere, and I'm rediscovering the joy of genuine connection, far from the anonymity and indifference of the big cities. It was my aunt who encouraged me to discover Le Parallèle. From my very first visit, I felt a warm and welcoming atmosphere. Since then, I've been coming here every day, finding in this place a space for expression and sharing. It's here that I've been able to rebuild myself, surrounded by caring and inspiring people.

Popular Artistic Laboratory

NIAL - 22 ans

I started really keeping a diary when I was a kid, scribbling down “big secrets” like they did in the movies.
By the time I reached high school, that habit faded. I still wrote now and then, but mostly for French class or homework – never really for myself.
I think it was around the time I started college – maybe just before or just after – that I began keeping a diary again.
A lot was happening all at once: my parents broke up, but not really, so things were weird for a couple of months; I started experimenting with my gender, since I had a lot of queer friends; I lived under my chosen name during the week at boarding school, and went back to my birth name on weekends.
It was a strange, intense period. I had a lot to say, and having the same shrink as my mom definitely didn’t help. So I wrote. A lot.
That first diary is full of blacked-out pages and tear stains. I haven’t opened it since. I don’t think I’m ready.
The way I wrote during those times was full of emotions. I can’t always read every word, but they didn’t need to be read, I just needed to get them out.
Hurting the paper so I wouldn’t hurt myself. I poured pain into paper so I wouldn’t pour it into myself.
By the time I started my second diary, the situation hadn’t changed much, but I had.
I was coping better. The writing became clearer, more steady.
There are still entries that are hard to read, but they’re part of the bigger picture now. They show how far I’ve come. And that makes them matter even more.

THIS SYMBOL IS NECESSARY FOR ***LETTURA AUMENTATA***. IF YOU HAVE NOT ALREADY DONE SO, GO TO PAGE 5 AND SCAN THE QR CODE.

LCVB - 22 ans

Sometimes I dream of pulling a hair (or thread) from my throat. I have to keep pulling it steadily so it doesn't break. I can feel it sliding across my guts, my tonsils, my tongue. No matter how long I pull it breaks before I can fully get it out. When it does I push my fingers deep into my mouth to try and grab it, but it's just slightly out of reach, the tip of my fingers barely touching the (thread?) I struggle to express myself.
Words have meaning, that meaning fluctuates with people and how they interpret and perceive the words. I'm afraid of my words being taken the wrong way.
I keep getting caught in the tangles of their interpretation, trying to find the right words to reflect my thoughts.
Some could say I think too much, well I believe I don't even think enough sometimes.
Sometimes my mind goes blank when I speak, I have images, concepts and ideas that are too complicated to be put in a coherent sentence while in a conversation. I feel ashamed for not being able to converse as clearly as I do with myself.
Words can be used as weapons, as shields and as a hug. They are a reflection of our actions, of our story and of our intentions.

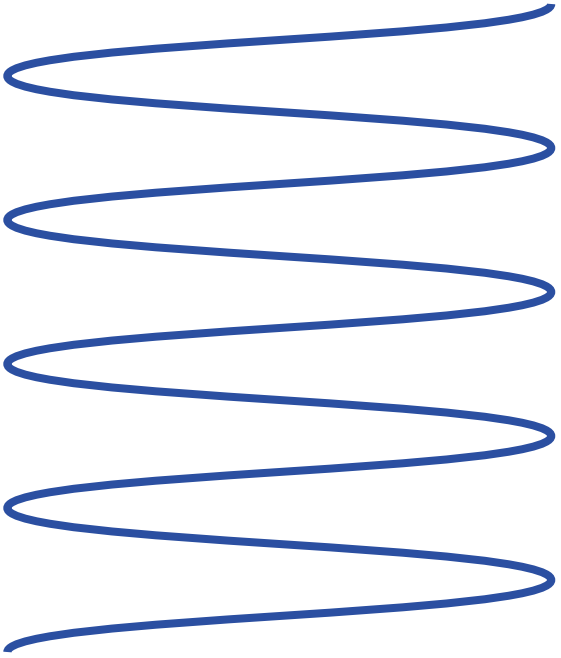
ABEL MOAL - 23 ans

I've forgotten details like the date or the weather that day, but not what happened. I was an apprentice, often left completely alone in the workshop. It's hard to learn a trade solo, especially in a company that demands perfection. That day, I had to move a machine weighing about a ton, placed on a wheeled platform.
Being young and not knowing how to speak up, I tried to do it alone. As I pushed and pulled, I felt multiple mental warnings to stop – but I ignored them, wanting to prove myself. The space was narrow, maybe 35-40 cm on each side. Suddenly, a final warning screamed in my head: "GET YOUR FOOT OUT!" My foot was under the platform. I yanked it away just in time. A loud crack followed – the machine tilted toward me and crashed, missing me by inches. I was incredibly lucky.
I called my boss, who was also my mentor, to explain. He just said, "No big deal, the platform was already broken." I didn't get scolded, but he showed zero concern. Apprentices shouldn't be put in danger to learn. What upset me most was being left alone, given dangerous tasks, and expected to perform perfectly despite my limited experience. He wasn't teaching – just using me.
And it didn't stop there. I learned after signing my contract that I had epilepsy – undiagnosed but present for years. Though I wasn't required to disclose it, I did. He ignored it. Later, after a temp mentioned it, he acted like it was news and forced me to resign. Not just absent – but discriminatory.

THIS SYMBOL IS NECESSARY FOR ***LETTURA AUMENTATA***. IF YOU HAVE NOT ALREADY DONE SO, GO TO PAGE 5 AND SCAN THE QR CODE.

LILI HENRY - 24 ans

I have generalized anxiety and depressed tendencies. I've been hospitalized twice, short and long term, mostly to help me through hard times.
People's misunderstandings make me feel vulnerable and weak. I fear their look on me, their judgments mostly.
But anxiety or depression aren't being slacker or lazy, it's a constant fight.
When it's too hard to get up in the morning, eat, dress up or go out...i've heard "you should do this/that", "you just have to do it", "move", "take vitamins", "try sport", "sleep earlier", "stop thinking about it", "think positive", "stop overthinking". All these advices I received from either friends/family/lovers just aren't fit for me, my brain doesn't have an on/off button.
"I think therefore I am". For me it's more like: I think therefore I have anxiety.
When a """normal""" person has a desire they act, they're in action.
I'm hungry= I eat. It's morning= I get up.
For me it's efforts, always. For so long I believed I was lazy, how ironic: I'm somehow always active, having little fights in my mind. It's invisible, non-existent but it takes all my energy. I really struggle to chase away my thoughts, and I fall into my rubbish vicious circle. It's often violent in my head. It starts with anxiety then bellyache, I withdraw into myself and I think negatively constantly without being able to control any of this. Anxiety and depression aren't linear, it comes with triggers, habits...



It's kind of a roller coaster. I have a great mental state then I relapse, I amass then I explode. My f*g vicious circle always tells me that I don't belong, I'm not enough or too intense for others... It's like a constant background noise, getting louder and louder as I get anxious to the point of crippling myself.

I'm not ashamed of me or what I'm going through. But mental health is still considered as intimate or private. It's your thoughts, you. I still feel vulnerable when I talk about it. I would like to feel ok about going to a psychiatric hospital or taking pills.
I'm not crazy, lazy or whatever, I'm just me and I'm trying my best.

THANKS TO

Oumar Tahir Abakar, Anna Ansel, Thelma Beaulieu, Lise Benoit, Lorenzo Di Filippo, Teresa Fraioli, Estelle Gommelet, Mathieu Guinguand, Fleur Guichard, Gaeden Herbaut, Lili Henry, Nea-Noora Keihäs, Ruggero Marino Lazzaroni, LCVB, Liveta Monkeliūnaitė, Enora Moal, Abel Moal, Chloé Nial, Sara Paolella, Martina Paolucci, Sarah Reneaud, Elodie Roy, Elina Savilahti, Geremia Trinchese, Lya Vaillant, Rebecca Venzi, Meri Virtanen

Scomode