Cognitive delay

A few seconds too late
To participate;
A few minutes behind,
And they don’t wait;
A few hours lost
At a lifetime cost;
A few days too few
For the friends I lost;
A few months unknowing
When I could have been growing;
A few years between
What is and what might have been;
A few decades with gaps,
No time for perhaps;
Speech and songs speed and shift.
Now I’m old I get it, or I get the drift;
singers’ feelings called out proud
And every time those songs come round
The zephyrs they still stir my hair
The stairway’s offer keeps me there
I hold the ticket; I wait in line
To feel what was theirs, and now is mine.

This poem is about the continued progression of my hearing loss since infancy, which has had progressive effect on my life, intersecting with severe autism, that was masked and suppressed, along with my sexual orientation and gender identity, which were very much rejected by the society in which I grew up, resulting in experiences of stigma and prejudice, adding to childhood trauma.

In retrospect, I know that when I listened to music with friends, what I heard was not what they heard. And yet I sang at top level, before addiction started to take more than it gave. The impact of intersecting issues delayed my education, isolated me from peers, affected my careers, my relationships and my whole life; intersection influenced the progression and intensified my addiction, despite which I had significant achievements, even before recovery.

I have been in recovery for 38 years, giving time for trauma and its effects to surface, triggered by adverse social conditions, excessive carer responsibilities and public service cuts eroding my work in health and social care, resulting in my illness and my treatment needs, which were not well-served for quite a few years. We need to develop knowledge of intersecting conditions, to learn how services should respond to people in a meaningful way and stop reinforcing these cyclic episodes of services that stop short of what we need to recover.

When we are confronted by authoritarian, hierarchical, or rigid structures and procedures which do not adjust or respond to all our relevant issues, then it is unsurprising that the services do not achieve satisfactory outcomes. We need to understand and influence how services are delivered to us and how people respond. That knowledge is available through our lived experience, which informs the approach we have in Changing Futures and Bridge the Gap; they generate hope, support engagement and achieve the outcomes that often elude other services. This is enabled through continued psychological support for staff through teamwork and in reflective practice.

Intersection affects everyone in their own ways, depending on their life course; therefore, support organisations need to use personalised, trauma informed, relational approaches that are adaptable to individual conditions such as neurodiversity. In my experience, engaging us in coproduction after equipping us to participate will result in improved services and outcomes for everyone. These approaches can also inform prevention and earlier intervention. If only we were given more time!