

# ..listening to the silences..

a personal odyssey

Roy Vincent

“...if you are being engulfed in the quicksands of your mind;  
if you are calling for help in the silence of your mind;  
...if you cannot silence the voices that invade your mind,

dominate and torment you;

if you are caring for someone who is struggling within the morass  
that their mind has become...

if you are any of these, I am writing for you”.

Don't get annoyed  
if the people coming to see you  
if the people wanting to talk to you  
can't manage to express  
the uproar raging inside them

Much more important  
than listening to the words  
is imagining the agonies  
fathoming the mystery,  
...listening to the silences...

Dom Helder Camera

Dedicated  
with love to  
My Daughter  
...and to what  
might have been.

# INTROIT...

I am probably one of the people least likely to write anything remotely autobiographical. Not that I have led an uninteresting or uneventful life. As my friends know to their cost, they have only to press the appropriate button and they will have their ears bent with anecdote and happenstance for some considerable time. Essentially I am a private person and cringe at the products of this self-revelatory, tell-all culture in which we live. Daily, hourly, by the minute, on television and radio and in the printed media, people are pouring out the dross of their lives to a gaping, prurient world, and like most trash it is soon dumped and overlaid by the next batch.

So why write anything at all? Friends persuade me that from what has happened to me, been inflicted upon me, there can be drawn that which may be of help and guidance to others; to people who find themselves overwhelmed by the problems of their minds; problems which flood their lives and threaten to submerge them, to drown them, or suck them down.

If I was to find myself trapped in quicksand, the person most calculated to be able to help me, in whom I would have most confidence, would not be an expert in sand and water mixtures, emulsions, but someone who had actually *been there*, had been mired and sucked down; someone who had actually *extricated* himself from the slough - who, even though he used the immortal words of Corporal Jones in *Dad's Army*, "Don't panic, don't panic", would say them with all of the conviction and authority of someone who knew what he was talking about, and would back-up his words with the practical rescue techniques learned in the maelstrom of personal life threatening experience.

'Life threatening'? But isn't this going to be an account of the perils that can terrorise, intimidate the mind? How can these be classed as 'life threatening'? I have twice been in these allegorical quicksands; the first time I was pushed, albeit accidentally, but over the long period in which I floundered I almost lost my 'mental life', my mind; the second, much briefer time, the one in which I strayed accidentally and innocently into a mire, I found myself in grave danger of losing my spiritual life. So, in that context, yes; life threatening. But also, and it must be faced, a point can be reached when suicide is the preferred option. So, 'life threatening'? Yes.

Unless you have been there yourself, I imagine that you will have difficulty with the concept that death and oblivion could be preferable to continued life, assuming that one had any choice. Frankly, I hope that you never find yourself in that morass. But the imagination cannot conceive of the terror that can be created in the human mind from one's own tormented soul or which can be planted there by dominating 'voices', from whatever source they may come. Perhaps a better understanding of the prospect of final submersion before the reality of which suicide is preferable, might be achieved by contemplating the

dilemma of someone actually trapped and in imminent danger of being overwhelmed in real quicksand, and having in his hands the ready means of his own death and release.

Sir Peter Scott in his wildfowling book, *Morning Flight* graphically paints in words the picture of his own brother, David, facing this very situation. David had spent a day alone wildfowling and found himself towards the close of the day having shot a widgeon, but it having landed on the opposite side of a small estuary. The tide being out, he had waded across and walked along the far shore. Suddenly he found the sand to be soft; he took two more steps and it became softer. He tried to turn back and he had sunk up to his knees. At every move he sank deeper, and the sand around him had turned to a viscous pudding. His movements became desperate and he made greater and greater efforts. When he stopped, he had sunk to his waist. The more he struggled the farther he sank, until he was so much submerged that he could no longer struggle. Only his head and shoulders and arms remained above the jelly-like morass. Then he began to think carefully of his position.... In an hour the flood tide would arrive. But he would not see it come. He would not watch the water approaching inch by inch until he lost his reason. There were two cartridges in his gun...

David was within moments of taking his own life when something made him turn, and there, a dark shadow on the tide, was a small boat with three net fishermen. After desperate and hoarse shouting and waving, they saw and came near, but not near enough for a rope to reach, so two of the fishermen got out... they were adept at moving on the surface of the quicksand without sinking in. They hopped about 'on all fours', never remaining more than a second in one place. They reached harder ground and from there threw a rope...the men gave him hope and strength, and after ten minutes of tremendous effort he felt himself gradually working up and out... It turned out that it was the first day of the smelt fishing season, and one day earlier there would have been no boat on the river.

The quicksand of the mind and the quicksand of the shore are most terrible, most vile because they are invisible, indescribable. More terrible for the victim in his mind, because he cannot shout, for who is there to hear him, if indeed he knew *what* to shout. And yet, in the fastnesses of his mind, there is a desperate call, plea, for help. The quicksands of the mind are terrible because of their loneliness. On the brightest day, in the most sparkling company, the person in depression cannot lift his eyes to beauty, nor open his ears to the laughter, life and joy around. He is in the gut-empty world of no-mind; robbed of all emotion; unable to believe in human love, nor love from *any* source. If he knew them he would echo the words of the psalmist *...you have turned my friends and neighbours against me, my one companion is darkness.*

But, while darkness brings the immediate oblivion of sleep, it is a traitor. It at first hides, then treacherously opens the trap-door to the world of no-sleep; the world of the night terrors; the world of no-time between true night and day; the world of the tormenting, mocking,

teasing, dominating voices - voices from where? If you read on you will find an answer. It may not be an answer which you will want to read or which you will accept, but if you don't I'm afraid that that is your problem. My answer is the answer of personal experience.

For nearly forty years, I have had experiences that I would rather not have had, experiences that could have made me exceedingly bitter. But the bitterness could further have harmed me had I let it take a hold. Instead, I have been exceedingly fortunate in being able to extract, distil from it all, much which has been, and is, enthralling and enlightening. Friends have persuaded me that others may derive benefit from my experiences and enlightenment. So, if you are yourself being engulfed in the quicksands of your mind; if you are calling for help in the silence of your mind; if you cannot silence the voices which invade your mind, dominate and torment you; if you care for someone who is struggling in the morass which their mind has become - if you are any of these I am writing for you. As someone who has been there, extricated himself, I am trying to throw you a rope; and while I do not hop around on all fours, I have learned to tread lightly, warily amongst these perils.

I have a very good friend whose approach to a new book, no matter how devious or complex the plot, is just to dip at random each time he picks it up. I am still exceedingly baffled to know how he derives pleasure from his reading, or, indeed, apart from seeing the first and last pages, how he knows where the story begins and ends. If he ever gets to read my writings, I wonder just how he will approach them. Without trying to impose any compulsion on you, I shall be grateful if you will read what I have written in sequence, otherwise the thread, and much of my purpose in writing, will be lost.

As I wrote at the outset, I open part of my life with reluctance, but with hope that you will benefit. Make of it what you will - each of you will see me differently. Many people quote the one well-known verse of Robbie Burns' poem *To a Louse* as if it embodies deep philosophy and wisdom; he wrote -

*Would some power the giftie gie us  
to see ourselves as others see us.*

I have my medical notes covering a period of thirty years: they do not make for happy reading, particularly in respect of seeing just how one has been seen, interpreted. My advice to you is to decide for yourself just who you are, and to do all in your power to be yourself, hold on to your own identity, and strive for your own goals. It took me a long time and much hard work to recover my own life and identity after I had been robbed of them. So please, try to see me as I portray myself, and if you want to know how I lost and found myself again, well, just read on.....

## "We had to destroy it to save it."

Such was the bizarre reasoning given by the U.S. Authorities to justify the annihilation of a village during that most bizarre of conflicts, the Vietnam War.

As I have begun to write, I have trawled through my own memory, and read, and come to terms with, the copious notes and correspondence that form my medical records. When you read what I shall write, I think that you may agree that the same 'justification' could be applied to the almost-achieved outcome of the treatments that were brought to bear to 'save' my malfunctioning mind. The treatments were applied with good intent, I have no doubt, by people who were established in their professions of medicine and psychiatry. In the process of being treated, my *mind* was almost annihilated. So what went wrong? Well, to start with, at the outset, there was nothing *wrong* with my mind - it was functioning well and I was in control. But *something* must have gone wrong and to describe it is the purpose of the first part of my tale. The path ahead may at times seem a little tortuous, but I am sure that you will find the journey interesting.

In the past, I have always enjoyed writing, although my authorship then had a different purpose in my professional rôle - reports, papers, proposals, were the offspring of my love of language, constrained by the accepted forms of technical writing. A fellow Welshman whose evocative use of language has never ceased to please me, is Dylan Thomas. When I listen to a recording of *Under Milk Wood*, from memories of people and places locked in my mind in my youth, I can 'see' all the exquisitely drawn characters, I can 'walk' down Cockle Row, I can 'look' through the mind's eye of blind Captain Cat. For me there is only one recording - the first made by the BBC, with Huw Gryffudd as Captain Cat; the Reverend Eli Jenkins was spoken by Philip Burton, the English master at my school, and the one who set in train my love of language. But most of all, and no matter how often I listen, guaranteed to produce the same thrill of anticipation are the opening words spoken with his unique timbre by long-ago schoolmate Richard Burton. I can do no better than to recall his voice and echo it as he speaks.....

## TO BEGIN AT THE BEGINNING...

A high flyer was I. Was I? I shall never know now. No self-vaunted Icarus was I, flapping higher and higher on phoney wings, only to crash to destruction when the deceit was uncovered by the harsh sun of scrutiny. No: by dint of the steady wing-beats of hard work, dedication and loyalty, I was rising and being lifted from time to time on the up draught of peer approbation. So: how did I lose my feathers? Why did I crash? Why did I have to learn to walk again?

How is it that such destruction can be visited on someone in broad daylight, in a civilised society, in his own home, in the midst of a caring family and, at work, under the gaze of a solicitous employer?

And what did I lose? I lost a home which was still being carefully built up and consolidated; I lost my wife and, effectively, my daughter; in time I couldn't sustain my job and retired prematurely; financially, in today's (2003) values, I have lost over half a million pounds, while each year I receive in pension about one third of what I could reasonably have expected. But of greater worth, a worth which can not be measured in cash, I have lost a swathe of my memory; memory of a time when life was very good; when I had a wife whom I loved and who was yet young; when work was very rewarding and successful; when my daughter was blossoming. Do you know, I cannot remember how she used to talk when she was little; the things she said; bath times; bed times; Christmas; picnics and holidays; ponies.... I can barely remember the Sunbeam-Talbot that was the family's pride, or taking my mother and in-laws for 'runs'. I am fortunate in that I have a former work colleague whom I meet from time to time, whose reminiscences remind me of the highly successful and rewarding times we had as vital players in a cutting-edge project that was a world first, otherwise *that* memory would also be lost.

So, how did I lose so much? How did I lose it uncomplainingly, trustingly? Surprisingly, and sadly, I lost it at the hands of, or perhaps more accurately, I had it all stolen by, the very people whose prime intent and professional purpose was to care for me. I lost it through the intervention of medicine and psychiatry.

There is only one way for you to understand the extent of my loss - the actual loss over the years and the potential of what might have been - and that is for me to take you sufficiently far back in my life and career to find a convenient starting point. So how about 1947? I was 21 years old, in transition between life as a Petty Officer Radar Mechanic in the Royal Navy, and life as an undergraduate electrical engineer in the University of Wales at Swansea.

Three years and an Engineering Degree later saw me, in 1950, make what was for me a very desirable move to the Lake District in Cumbria - scene of several pre-war family holidays - to work in the embryonic nuclear industry. My radar training and experience, combined with my degree, fitted me for the very fascinating and often novel world of measurement. I was becoming an Instrument Engineer. First promotion, and 1953, and I was part of the team destined to run the world's first nuclear power station, Calder Hall - which at the time that I joined was just a large hole in the ground! An exciting time of very hard but fascinating and rewarding work, and of personal change - of marriage in 1955, and parenthood in 1956, and a second promotion.

The Works developed and expanded, as did the science and technology, and my responsibility - which led to a further promotion at the end of 1960. Thus, in what turned out to be an exceedingly crucial year, 1961, at age 35 I had the grade of 'Principal', and a salary (2003 equivalent) of £50, 000. I had been to France as an advisor during the commissioning of their first power reactor, and to Stockholm to address an international conference. I had a career, a home and a family, and the probability of more children. And with a further thirty years of potential employment, who knows how my future might have blossomed?

To mention 'diarrhoea' in the context in which I am writing may seem an unnecessary and unpleasant irrelevance: unfortunately, it became very relevant. We lived in Seascale, and in the late summer of almost every year the notorious 'Seascale Bug' would strike, bringing stomach upsets, sickness and diarrhoea to the populace at random. When, thus, in 1961, I started with my episode of the 'runs' it just seemed as if I was one of that year's unfortunates. But this was no ordinary visitation of the 'Seascale Bug'. Soon it seemed as if the whole of my inside had turned to fluid - the mediaeval term 'the flux' was probably very appropriate. Day after day after day it continued, defying all the usual nostrums and quick-setting cements that were commonly effective. My 'samples' yielded no known bacteria. My weight dropped by over a stone; the lavatory pan was my boon companion.

Then, one day, a visit to my G.P. produced something new, something different. My medical certificate sported the letters C.A.N. in place of the usual 'enteritis', and a prescription which, when dispensed at the local pharmacy, produced a bottle of black and green capsules coyly hiding behind the label bearing the legend 'Librium'. Now, remember, this was 1961; Librium was brand, spanking new; the word 'tranquilliser' was not in common parlance. No warning bells rang in my mind - and why should they have? Like most people, I believed implicitly in the medical profession, in what they said was wrong with me, in the ways in which it should be put right. The average layperson has no base from which to query or dispute the medical opinion; one's view is often met with the slightly tolerant smile that seems to say, "The patient has an opinion, humour him and it will go away".

I promise you this: there had been no discussion concerning my nervous state, nor was anything said about Librium, its purpose or its side effects. I had to deduce, yes *deduce*, that C.A.N. meant 'chronic anxiety neurosis', and that I was 'on' a tranquilliser. You may wonder at the lack of communication. All I can say is that I was very debilitated and unsure of myself, and that the doctor in question was very reserved, almost taciturn, and did not open himself to discussion. One former colleague at work even now reminds me of the response that *he* got when suggesting an alternative to *his* continuing treatment; whatever he was then told was prefaced with the put-down "We in the *learned* profession...". (I must emphasise that I am not recounting this to denigrate in any way the doctor in question, who was immensely appreciated in the community both as a person and G.P., but simply to emphasise something to which I will no doubt return many times in this account and the other parts of my 'story', namely this communication gulf between medical professional and lay-person).

So, dutifully, I took my Librium in complete and blissful ignorance of the most common side effects - of confusion, drowsiness and inability to control voluntary muscular movements - and *physical dependence*! How, I wonder, would my employers have reacted had *they* known, for the Department at work of which I was head was responsible for every one of the measuring and safety devices in the whole nuclear power station of four reactors and eight turbines?

No doubt everyone has those events in their lives over which they groan internally and long to extinguish the event and its consequences; this is one of my most desperate, as must be that of anyone who has started to take an addictive substance. How many clocks would be put back if given the chance? My anguish is made all the greater with the 20/20 vision with which all hind sight is blessed, and the knowledge, gained some 25 years after the events, of a newly identified parasite that can inhabit the lower gut and produce uncontrollable but *self-limiting* diarrhoea. Such a parasite one can acquire from polluted water or milk, or from animals - a route that the family hobby of riding and horse-work made readily available. *Cryptosporidium* is the name of what it is now believed was the cause of my illness - one of a group of parasitic protozoa.

Looking back at the events covered by the next two years, much of what I did, felt and suffered can now be understood and many things fall into place. First, there was the growing addiction. My very first act on waking was to pop a pill. If I didn't get my noon 'fix' on time I started to get the shakes. It was while I was doing this one day at work that I received my one piece of cautionary advice. It came from a former G.P. who had given up medical practice to found a firm which made endoscopes; he was visiting to supervise the installation of one of his industrial size 'scopes. When he saw the pill going in, he advised me instead to unwind at home each evening with a glass of sherry. Kind man that he was, on his next visit he handed me a brown wrapped bottle - "

Special varnish" he said, "Don't open it here in daylight". I still think of rich, dark port wine as 'special varnish'. How I wish that I had been able to take his advice, but by now I *believed* that I had a C.A.N. How else could I explain the shakes that were cured by my next 'fix'? How else to account for the drowsiness that was besetting me in my office, the 'numbness' which enveloped my midriff and radiated outwards, the confusion or slowness in understanding the developments in computing, which specialist members of my department were engaged with? How else could I explain to myself the frequent malaises that had all the hallmarks of 'flu without the temperature?

Life at work was getting difficult, particularly the drowsiness - but how can you explain to your next senior something that you didn't understand yourself, and which he didn't confront directly? (The problems contained in that one sentence, and all the other examples that emerge of the inability to address or articulate a difficulty or problem, of the impossibility of admitting or communicating to one's partner, friends, colleagues, medical advisers, more than an inkling of the gut-wrenching, mind-warping fears and fantasies which emerge, are topics to which I must return somewhere in the discourse if I am to draw meaningful conclusions and offer advice to others on ways to cope or support; but how difficult it is!).

In the main, I was still doing a good job; no catastrophes, and many innovations at which I was particularly good. I remember, too, delivering a lecture to the Engineering Society on the subject of computers in general, and the ones in particular that we were then incorporating into the plant - the last major, positive event at work for some time to come. Such changes as were happening to my life and demeanour were yet acceptable and bearable compared with what was to come as 1963 was settling into autumn.

The G.P. who had made the original diagnosis and prescription had moved back to his beloved Scotland, and to his replacement I remember saying "You have inherited my chronic anxiety neurosis" - me still accepting what I had been told, and he having no reason to question it. Socially we got on very well and his wife and mine became firm friends. However, his professional visits to the home began to cause him some concern and in time, he expressed the view that what I was experiencing was psychosomatic. He advised that I should see a psychiatrist and arranged for me to do so. After the encounter with Librium, the meeting with the psychiatrist has become another of my life's great 'I wish it hadn't happened' moments.

From this point on, I have copies of all my medical notes for the next thirty years - both those of the consultant and those of the local practice. The reason why I acquired them is revealed much later in my saga. Reading the notes - not an easy experience to cope with - it is revealing to see oneself as a 'he', a third person, almost a specimen with a label. To me, as an engineer, the most glaring difference between my

profession and that of the psychiatrist, is the latter's lack of certainty, of objectivity. I was used to dealing with a reality - my whole purpose in my work was measurement - the complete delineation of the state of being of a piece of plant or an operation as it was *then*, at that moment. I had seen my devices - the nerves of the plant - put in place (nearly 50 years on, I have the personal and professional satisfaction of knowing that many of them, those completely inaccessible inside the nuclear reactors, are still there, still functioning). Their characteristics were known, for we had calibrated them; they told the operator exactly what was going on in the remote reaches of his plant; if anything broke down outside the reactor I had to know exactly why it had failed, and could only replace it with apparatus that had been thoroughly tested and calibrated.

My Consultant (MC) appeared to be thorough, no question of that. We talked, he arranged tests, e.g. was hypoglycaemia a possibility? But to the outsider, there appear to be no certainties in psychiatry, only opinions and educated guesses based upon the personal experience and training of the one particular practitioner; possibly even the 'school' of psychiatry to which he subscribes; no precise measurements or standards. Labels are put on 'bottles' of symptoms - but the contents of the bottles seem to change at the whim of one school of research or another. Take for instance Alzheimer's disease. I can read the standard, original definition of a 'pre-senile dementia', which, when originally identified and defined by Alzheimer himself, applied essentially to persons under the age of 55. Yet in a recent paper describing research into the prevalence of Alzheimer's disease amongst professional footballers, the author states that the condition is rarely experienced in persons under the age of 60!

It is only in later years and being outside the maelstrom that I was then in, and fully in charge of my life and mind, that I can look back and be critical. But let me emphasise again, as I do through all that I write, that apart from those whose reasoning and lack of perception I condemn, and who will emerge later, I am not critical of the *intent* of any individual: I appreciate most deeply the care and concern which were lavished upon me by *all* the people whom I encountered. But I am a professional in my own right; my training and experience were on a par with most of the medical practitioners in *their* profession, and so I justify my own right to be critical of analysis and results. All this, of course, looking back with the benefit of the records in my possession, to let me see into the thought processes of those who were examining and analysing *mine*.

My perception of the lack of objectivity begins in the letter to GP2 sent after my first consultation. I was seen effectively as a 'garrulous, bespectacled, Welsh hypochondriac'. Welsh and bespectacled were irrelevancies that I couldn't alter, but who would *not* be a garrulous hypochondriac after two years on a continuous and substantial intake of Librium (which modern professional medical opinion now recognises as having been totally inappropriate and unnecessary!)? The fact that he rated me as of above average intelligence mollifies the personal affront to

my self-image, which itself pales into insignificance before the recollection of what else appeared in the letter, and its immediate effect. After two years continuous use, at 10mg tds, my Librium was stopped forthwith and replaced by Tryptizol.

Oh Boy! Does anyone want to know what 'cold turkey' is like? My advice: don't try it! Recollect - I had been taking Librium in substantial dosage for over two years. Information readily available and unequivocal says that it is for *short-term* use. There is also full information about withdrawal after use - in my case after such dosage for so long my withdrawal might have taken *over one year!* Mine was overnight! The bizarre reactions and symptoms that I experienced are only partially recorded in my notes, but it was enough that when food was put in my mouth I lost contact with it, for I had no taste, no feeling down my throat. My stomach might not have existed for there was no sensation when I pressed that region, and I had no pressure sensation in my bladder. It was as if everything from my mouth to my fork no longer existed. The symptoms which I was experiencing were in fact so 'global' that in the correspondence between MC and GP2, they were referred to as '..this remarkable set of symptoms' and 'multi-various physical symptoms'. The possibility that they might be the effects of the instantaneous withdrawal from Librium was just not considered; everything I was experiencing was put down to a never-before-recorded idiosyncratic reaction to Tryptizol.

Time off work and a return to Librium produced a measure of stability. 'Stability'? Huh! Work was becoming a daily nightmare, if that isn't too paradoxical, while what was going on in the minds of my wife and daughter, I would not like to examine even after all this time.

If you don't succeed in flattening him at the first go, why, just have another. A couple of days on Stelazine - immediate disaster - then a second bash, this time with Melleril. Same result; bizarre symptoms; brief flirtation with Nardil; reduced to quivering jelly. Hospital? Yes please. Refuge. I could, with relief and without feeling guilty, put aside my responsibilities at home and work.

E.C.T.? If you say so. "Sign here" - as a voluntary patient. Bang! The next assault on my precious mind began.

Isn't it amazing how docile we are? Or maybe then we were more docile, accepting, than people are now. Perhaps people nowadays are better informed, or demand more information; also there are patients' support groups, and others active in attempts to outlaw E.C.T - it is, after all, a bizarre and dangerous 'treatment'. Whatever the analysis, there I was, good little Indian, ready to accept what the kind gentleman said because it would make me better. I am sure that you want to know all about it, for it is done in your hospitals, and by people who, indirectly, you employ.

Three times a week the Ward went into its well-rehearsed routine. You wake and get up as usual, but have no breakfast. Shortly, you have an injection of a belladonna (deadly nightshade) derivative

whose purpose is to dry the mouth and prevent you choking on your saliva. Meanwhile the nurses are playing trains with the beds, pushing them end-to-end in the corridor outside the treatment room. Next, as your turn approaches, a second injection, this time of a curare derivative. Curare, as you probably know, is the poison that South American Indians put on their blow-darts; the object of its use in this situation being to cause complete muscle relaxation and minimise the risk of vertebral fractures (after all it *is* electro *convulsive* therapy) - no mention of the possibility of *these* when I gave my 'informed' consent!

Let me quote from *The Oxford Companion to the Mind*:

*E.C.T: Applying a voltage with surface electrodes on the head across the brain. This is done under anaesthesia or muscle relaxant, as it produces convulsions which can be dangerous. E.C.T is extensively used as a convenient and quick treatment for depression, though there is no theoretical basis to justify it. There is considerable criticism of its extensive use because it may produce permanent brain damage, especially losses of memory and intelligence, though the evidence is not entirely clear.*

I want you to take particular note of the last sentence for reasons that will become pertinent later.

You lie on the bed, shoes off and tucked under the mattress end. Chug - chug, the train moves on and your 'carriage' is manoeuvred into the treatment room. Dentures out and into a glass. An anaesthetist tries to find a suitable vein in your arm and, when successful, dribbles in Pentathol, or a similar anaesthetic. Gentle bliss and oblivion. Next, electrodes are placed on your temples and a burst of electricity is switched into your lovely, delicate, unsuspecting brain. You don't know this, of course; what next you are aware of is gradual reawakening, bemused, head not present, an aching void in its place and sticky jelly clagged in your side hair. You gingerly get up, reclaim your shoes and teeth, and emerge into a pointless day. Nothing has *really* gone away - although it is at this point, and from now on, that your memory starts to be eroded, never fully to return.

The staff were all immensely kind. I joined occupational therapy and became adept at basket making ("*In front of two, behind one*" was the oft repeated cry!), washed the dishes, and whiled away the evening in the quiet room. Then welcome bed, sans teeth, sans mind, and with hope of oblivion. Of course, there were sleeping pills - Soneryl, Sonergan, Seconal, Amytal, Mogadon - all have gone down my throat. But they were never effective at the time when *I* wanted them to be. Three in the morning. Someone once said that 3 a.m. should never have been invented; how I and many others would fervently agree. Wide awake, and staring into the void of my mind - not a place for exploration - torch flash on face as the 'night watch' passes. Finally, and inevitably, get

up for a pee (do all hospital ward toilets have such an unpleasant odour?). Lovely, kind Nancy, wife of Keith, a foreman at work, sitting in the night-station; brief chat; *Sorry, I can't give you another sleeping tablet; here, try a Paracetamol*; back to bed, maybe fitful sleep until the dreaded, but welcome day dawned again.

I do not want to remember too much detail of such a drab time in my life. Nor, I suppose, will you want to read about it - but you should, for I am sure that unless it is to visit a close relative, or as a patient, you won't enter a Psychiatric Ward. You won't see the uncontrolled misery and loneliness in faces; you won't see the eyes glazed with drugs or E.C.T; you won't see the hopelessness of a person cut off and isolated from a welter of problems that will still be there on discharge. But like you, no one will want to visit. People can't cope, don't know what to say (Except, perhaps, "It'll be all right if you pull yourself together - yes, that's it - pull yourself together"). Great original thought; how many times did I hear it being said - often by husbands to wives, or wives to husbands, themselves full of woe at the disaster that had befallen their lives and homes.

My own wife was magnificent. Never missed a visit; even later, when attending an evening class to prepare for employment should I become incapable of returning to work, she made sure that she came during the day. But she was the only one in a total of about twenty weeks in hospital. Nor were there visitors to the home when I was there and recuperating, apart, that is from a good friend and colleague from work and our Parish Priest. Not one.

When, later, I became involved in complementary cancer care, I heard the same story; very few people, even close relatives, will chat. Most go out of their way to avoid even simple contact, conversation. There seemed then - I'm not sure about now - to be a stigma attached to someone with mental health problems, and a reaction that almost seemed to say that it was the fault of the ill person. (Many times have I heard people say, and I have said it myself, "I wish I had a crutch or a leg in plaster so that folk can see that there *is* something the matter!").

But don't you think that you have a duty to learn more, to be compassionate, to understand, to be able to *talk* to people about their problems? For, after all, people are now being discharged to 'Care in the Community'. Well, for God's sake, you *are* the bloody community; they are there with you - in *your* care, not conveniently isolated, socially sanitised in some distant Victorian pile. The only time *you* want to know is when someone has an intractable 'personality problem' i.e. someone who might be a sexual deviant, a paedophile. Then, Geronimo!, get out the vigilantes; hound them out of the community; castrate the buggers; lock them away even though they haven't committed a crime. They used to *burn* witches and social undesirables, didn't they? Not much really changes; the hysteria is still there. It is *your duty* to 'get real', to understand fact and not mob panic. After all, not every schizophrenic is an axe-wielding maniac; most of them are very sensitive, isolated people.

Statistically, *you* are just as likely as the next person to succumb to a nervous condition, a mental illness; if you learn more about it now perhaps it will never happen, you'll recognise the warning signs!

In writing this account, I have started what has become, for me, a very interesting process. I have, until now, only read my medical notes in a very tentative way, just enough, really, to be able to compile a coherent account for my lawsuit. What little I read disturbed me and brought back such painful memories, un-bottled such nasty genies, that I hastily put the stopper back in the bottle. But as I now have a worthwhile reason for analysing that past, I am delving further and further in as I search for actual dates, actual events, actual drugs and treatments, actual dosages. Memories of events, sequences, dates and people are emerging, but, apart from the recollection of some individuals who did their utmost for me, I am finding much to cause me serious disquiet, and some to make me so very angry - even after so much time has passed. So angry that I can't yet begin to write about it, but shall confront it later when I finally summarise.

In total I had ten E.C.T.s as an in-patient and, after the greater part of eight weeks in hospital, I was discharged home 'much better', still taking Librium and Seconal. I am not a pharmacologist, but I *can* read, also I have or have had a number of friends in medicine and some in psychiatry, so an appreciation of drugs and their effects, alone or in combination, is not beyond me. While I intend to summarise and comment upon my various 'therapies' during my conclusion, it is worth noting a few facts as I go along. Thus, Seconal is a barbiturate from which there can be severe withdrawal effects similar to those seen in alcohol abstinence. Librium, on the other hand, is a benzodiazepine, which *also* can cause dependence and withdrawal symptoms, and is prescribed for the *short term* (2 to 4 weeks only) relief of anxiety; its use should be reviewed regularly and should be discontinued as soon as possible - and other cautions and side effects too numerous to list here - except that benzodiazepines and barbiturates should not be taken simultaneously! At this point in my story, I had been taking Librium for *thirty months*.

For some reason the notes and correspondence in my file are a bit sketchy over this period, don't ask me why. What I next see recorded, is that I had thirteen E.C.T.s as an outpatient between 14th April and 24th May 1964. I look at the copy of the form that I signed indemnifying the hospital against any injury that I might suffer in treatment, and at the form listing each session - the voltages and duration etc. - and memories come back of the breakfast-less journey to the hospital, crammed in a Social Services car, and the return journey, zombified. And I weep inside now, as I must have done openly then.

Thus fortified, I finally got back to work. While I had been off there had been some logical organisational and staff structural changes. Calder Hall had become just another power station. The cutting edge of

technology had transferred to the up-and-coming Advanced Gas Reactor, and staff of my grade were being dispersed, some to AGR and, in my case, to create a brand new department. Because of my innovative skills in the field of measurement that had come to the fore during the commissioning and experimental phases of the Calder reactors and plant, I was to be involved with experimental instrumentation.

But where had I put my mind, my technical knowledge and expertise? Who were these people? I couldn't put names to faces or faces to names. I was isolated - physically in an office high in a new, tall building, and mentally because I had no base from which to think. At work I paced the office, bemused and feeling trapped. I couldn't express what I was feeling to anyone at work, for apart from the fact that you feel ashamed of your own lack of purpose, lack of achievement, people get embarrassed when you talk about personal, particularly nervous, suffering. (It was only later when I was competent again and people saw me working and coping with the aftermath of what I had been through, that their confidences came pouring out, because they knew that I had been 'somewhere' - somewhere akin to where they were in their heads and lives. Gradually, I began to learn that behind practically every second door in this peculiar artificial village in which we lived, there was a little hell, disguised from the world by the special face that was kept by the door and put on when going out).

When your mind is empty, incapable of constructive thought, it is very wide open to all the anxieties, doubts, and uncertainties concerning your present and future. What future? You can't even face the present, this day. Night is awful. Whilst bed is so desirable, such a refuge, the effects of the sleeping pill soon wear off, and you lie there sweating, almost seeing the entire board of management in censorious array like vultures on the bed-end.

One reason why there was not a lot written and my notes are so sketchy at this time, is because I wasn't talking about what was actually *in* my mind, what I was planning to do. I was planning to take my own life. But I couldn't talk about it - it had to appear to be an accident, and if I showed premeditation, I thought, my insurance policies would not pay out; but I couldn't ask anyone if they *would* pay out because that might show premeditation and my insurance policies might not pay out. My planned method was electrocution, but that is difficult to stage in the home in such a way as to appear to be accidental, and my ingenious mind just was not functioning.

As I walked to the train each morning, I used to look at the wheels of the school buses and wonder if I could find the courage to stumble under one; or, on the platform, whether I could contrive a fall in front of the train as it came in. At night I used to wish fervently that I had been killed along with the thirty-five friends and shipmates who had been fragmented or incinerated within feet of me when the destroyer, HMS *Saumarez*, in which we were serving, was mined. Obviously, I did not succeed or even attempt, (though it has only struck me as I write that in the Second at home I had the ideal 'remedy' - easy to overdose, but in

my state of mind I couldn't even see *that* possibility). There is, however, something that I can tell you without fear of contradiction: there is no place on earth more lonely than the mind of someone who wants to die, to achieve *oblivion* (unless it be the mind of someone facing execution). The most isolated Siberian tundra or Gobi desert wastes would provide more solace than the domain of your mind.

Before I contrived my 'accident' or otherwise achieved my own destruction, I was saved by Pentathol. Have you lost the plot? Let's get up to date. We are now at the end of July 1964, and a new strategy was being proposed. I may not be giving them enough credit, but MC, GP2, and the medical staff at work were individually and collectively concerned about my state of mind and future, and discussing ways and means. The Pentathol strategy applied the relaxing anaesthetising properties of the drug to achieve within me total bodily relaxation, in the hope that my mind would respond as well. (In case you have forgotten, I still had no mind). So, three times a week I was driven to the hospital in a Works' car and had Pentathol dribbled into me as I slowly 'blissed out', as my Buddhist friends would say. There was one Indian registrar who could dribble it in *very* slowly and actually inject *two* syringe-fulls - oh! the ecstasy (and the agony - for nothing goes away, and the let-down on waking is so bleak).

But fear not, dear reader, (sound of bugle, yet far off) help is on the way. MC has been to a conference, and come back bursting with new ideas. For me there had been a paper in which excellent results had been achieved in some creatures - possibly wild dogs - in which large doses of Valium (or Librium, I am trying to recall a memory) had been used to good effect. Well done! You've caught up with the plot! I would have large doses of Librium (or Valium). There is nothing that I can find in the notes that relate to this particular trick, but like some other 'special' memories that have stayed with me, this one is particularly vivid, as is the memory of the reaction of GP2. He visited me at home almost every day, in my darkened room from which I wouldn't stir. After several days, he stared into my eyes, realised where I was (or wasn't) and said "You're drugged out of your mind!". Before you can say 'benzodiazepine', I was back in hospital.

All of my files, notes and correspondence were obtained by my Solicitors as we sought to make a case to sue the makers of these drugs, an abortive venture, as it turned out, so fickle is blindfold Justice. In making the case, I had a long session with a Consultant Psychiatrist who was retained by the various law firms. He started interviewing me in the usual manner, but as my story unfolded he just sat there, silent, a sad, sympathetic little smile on his face, his head sometimes shaking from side to side in sheer disbelief that so much could have been visited on one person.

But don't go away, psychiatry has so *much* to offer. The time has come to introduce you to yet another form of shock treatment - insulin shock treatment, or, as it now is, *modified* insulin treatment (it was

modified so that there is now a smaller chance of killing you). This form of shock treatment relies on the injection of increasingly large doses of insulin with the object of reducing the blood sugar level and bringing on a coma. This is how the modified form works: you are woken at about 5 am and given an injection of insulin. You continue to lie in bed for a couple of hours and soon start to sweat and shake uncontrollably, then, while still in bed, you get placed in front of you a tray with a dish of corn flakes heaped, and I mean *heaped*, with glucose powder, and a full fried breakfast plus toast. No problem eating it, you are ravenous. A little while longer in bed then get up and have a shower (compulsory). I became so inert and depressed that I couldn't even bother to shower, sweaty and nifty though I was – sometimes I just used to shut myself in and pretend.

I had in all twenty-six such episodes that, at five a week, took me into the sixth week. How depressed I got, so very, very depressed. I used to pace the corridors feeling utterly lost, pointless and empty; sometimes I went into the next-door geriatric ward just to see people who had less mind than I had. I craved exercise, but when I asked if I could go to the older, former hospital not far away where I knew there was a rehab gym, I was fobbed off and got no help - "Just go for a walk". Where? In the wet, featureless lanes with their potholes and puddles, just behind the hospital, in the autumn? So drab, so weary, so empty - the name 'Sneckyeat Road' does as little for me now as it did then! One day, MC said to me "You were referred originally with an anxiety state, now you have a full blown clinical depression". Well, we were making progress, that's something.

When it looked as if I was in for a long haul, the occupational therapist suggested something that I had always wanted to do. Weaving. There was a table loom as yet untried. Great! I'd have a go. What to make? "Why not place mats?" said my wife who occasionally came in to OT. So off she went, and came back with some bright orangey Courtelle, and I started. Things that I had only read about before began to become realities - making the warp, the poree cross, and whatever the other one is called; heddles, shuttle, and beater all became realities. Then, entering the warp. That could have been difficult, but one of the nurses had worked at Coates' thread factory where she had been involved with just such a task in making up thread samples for display and advertising. So, with one at one end and the other at the other end of the loom we were soon 'entered' and I was away. While my days weren't 'swifter than the weaver's shuttle', they nevertheless received a boost from this particular shuttle. I had to overcome some difficulties of technique, but eventually I created six place mats, a centrepiece and a tray cloth. I still have them, a little worse for wear.

One hears so much these days in our new 'consciousness', our new awareness, of 'body, mind and spirit' - the totality of being human. My body was still there, recoiling from the many attacks made

upon it; my mind had a certain ephemeral quality, though, on reflection, it had the reaction of a lead balloon showing sudden half-hearted attempts to lift off. My spirit? Now there's a thought; if I ever had a spirit, where was it now?

Becoming a Catholic when I married I had become a very diligent follower of my new 'brand' of Christianity, but in my depressed state, where indeed *was* my spirit? Had I just been going through the motions? Had I ever had anything of the sort? Must find out. The church not far away was manned by Benedictine monks, and so, remembering one whose words one Sunday at Mass had impressed me, I rang. With not a moment's hesitation, he jumped on his Noddy bike and put-putted over to see me. I still have a little book which he gave me (Funny, his name was Father *Little*; the book - *They Speak by Silences* was a series of meditative thoughts by an anonymous monk of the silent Carthusian order and is one that I still, more than thirty-five years later, use for 'provocative' meditation) in the hope that I would find solace in its words, and to this day I am grateful for his earnest attention and compassion. But in spite of his help, what I now know as 'spirit' never materialised in me, and never did until I experienced the events that I write about elsewhere.

Here is a thought, though; if you want to know what it is like to be in deep depression (no, it is not just being 'fed up!'), read Psalm 88 - at least that is its number in the *Jerusalem Bible*. I'll quote briefly, but do read it all for you may get some insight. It is called 'Lament': as he cries out to his God...

*...hear my cries for help;  
for my soul is all troubled.  
my life is on the brink of the Underworld;  
I am numbered among those who go down to the Pit,  
a man bereft of strength;  
a man alone, down among the dead,  
among the slaughtered in their graves,  
among those you have forgotten....  
...You have turned my friends and neighbours against me,  
now my one companion is darkness.*

But soft! What is happening? MC is beginning to have self-doubts. Would I like a second opinion? - He would. So 'twas arranged, and one November morning I was driven with others who had a variety of appointments, to the ultimate seat of learning; me to see a Big Wheel (BW), one who went on to become a Very Big Wheel, at the mention of whose name a young psychiatrist, to whom I quoted it many years later, visibly genuflected.

But no, such is the way that things work, protocol etc., I did not immediately see BW; instead, at first, I was taken to his Registrar or Little Wheel (LW). For about half an hour, possibly forty minutes, he

interviewed me as if it was my very first encounter with a psychiatrist. Now, there is an unkind saying in education that "those who can, 'do'; those who can't 'do', teach; those who can't teach, teach others to teach; while those who can't teach others to teach become either education administrators or researchers". I feel that there must be an equivalent gradation in psychiatry. I don't know what had brought LW into the profession, and into research in particular, but it certainly wasn't his human interplay. He exhibited not one glimmer of concern or sympathy for my condition or experiences; he had about as much empathy towards me as a gardener has towards a green fly. He was hostile, sarcastic and belittling. Just one example will suffice: I tried to explain the depths of my desire to die, to commit suicide. Had I, as one does, gone to a high place to throw myself off? No? Well, I couldn't have been all that serious, could I? It may not sound a very great put-down, but in the context of the others, the sarcasms and negations of what I was telling him, it was.

However, he had been well primed in his negativity. The letter from MC itself was so negative, but not only that, he seemed to go out of his way to be negative. Take, for instance, his comments about the state of our marriage: he records that both my wife and I said that we were happily married; however, *he* knew better, *he* had got a snippet (apparently from GP2) which cast doubt upon *our* understanding of the situation, doubts that he reinforced, but did not specify from a source that he didn't identify. One wonders *why* he had to put in yet another negative, unsubstantiated, keyhole-peering remark. *Why* did he not rely on what my wife and I said? After all, we were the main players. Throughout this period, she could not have been more devoted, more caring; 'TLC' might have been coined to describe her attitude.

In our wider life, and with our daughter, we were fortunate to have a family interest - almost obsession - in riding and horses. We rode whenever possible, had riding holidays, took a deep and intelligent interest in improving our riding skills, mixed with like-minded people and made many friends outside the works environment, outside the peculiar Seascale society. Many of these friends we still have. Yes, *we!* For although, as I shall describe, we ultimately parted and divorced, we have remained excellent friends, a friendship manifested in a variety of ways that are not here relevant.

Before my life was so bludgeoned, I frequently rode a particular horse that was being looked after by some friends. Smokey. Such an eager, willing horse; black; not very big; but he took me everywhere, from the miles of beach to the fell-tops, and along all the many bridle-paths with which this area is blessed. He was a boon companion and I can still recall his moving body under the saddle. When I was recuperating after the first spell in hospital, my wife told me what she had been keeping from me - Smokey was dead, killed by lightning in his field. She also told me that she had been saving up to buy him for me. *That* reflects the marriage that I knew at that time, not the almost evil representations or half-hints that the letter contains.

I have tried since, indeed, I am trying now, to deduce why things were being said about our marriage that at the time were patently untrue. Since we are in the domain of Sigmund Freud perhaps we can get a little Freudian. I have observed in many men, probably in myself also, the in-built, virtually unconscious belief held by each that he is the one who can take over this female's life, protect her, sort her problems, give her better sex than she is currently getting. To do which, as in nature, he has to expose the weaknesses, real or invented, in her current husband, partner, boyfriend; particularly if the latter is in any way vulnerable. I see a manifestation of this occurring among the fifteen or so rams that are sometimes held in my field in the autumn. If one has any defect, first one ram and then all the rest in turn or together, will butt and harry him persistently, all, no doubt, responding to the in-built behaviour of their evolution. We are the sum total of *our* evolution, nothing lost, nothing taken away, and we have it within ourselves to behave just like the rams.

I am not in the remotest way suggesting that anything improper was even *thought*, but my wife was a very attractive woman, not only in her looks, but also in her vivacity and openness of speech, and the marriages of GP2 and MC were under stress. Remarks made to me by GP2 during his consultations showed a certain disillusion, while MC in a short time parted from his wife and they ultimately divorced. In my analysis, I am suggesting their own personal situations were unconsciously being played out in mine, and in my 'vulnerable' state I was the ram being 'butted' - and once one starts everyone joins in. A bit convoluted, but *I* know what I mean.

You may think that I am being selective, or that I have an agenda of vindictiveness against the people whom I perceive as having perpetrated wrongs upon me in the past. I can tell you this; if anyone has proper credentials and a legitimate reason for wanting to see the letters and reports, they can come here and I will willingly show them and put them in context. What I find hard to reconcile are the two images that I now have of MC - the man who sat, as I shall describe, urbane and friendly, tying salmon flies in a little hand-held vice, while I had my fortnightly 'psychotherapy', and the man who wrote the letters and reports that contain *nothing* to indicate that I had any achievement or standing. In fact the reverse; his whole thrust seemed to say that I never had any potential and never would. I know that he had only seen me from the outset under the influence of Librium; I know that when first seen I had a label around my neck which said 'Anxiety State', but I would have thought that he would have had some discernment, and would have realised that I wouldn't have got where I had without talent. We were roughly of an age, and had reached about the same level, each in our own profession, and, indeed, I had reached at thirty-five a grade that many engineers in public service didn't reach in their whole careers. As I wrote earlier, I had represented the Company in France and Stockholm, and, big disappointment, I was told when I was making recovery that it had been intended that I should be seconded to Japan during the commissioning of

some of the Japanese nuclear reactors, but that my illness had scotched the move. So perhaps you can understand my perturbation and inability to comprehend the behaviour of someone in whom I confided much and perceived as a friend and confidant. However, now I realise as I read deeper and deeper in my files that what I thought were personal confidences were, in fact, incorporated into the next progress report to my GP, and retained in my personal file where they remain yet, colouring the view of me of every subsequent GP who has read them.

When LW had completed his interview, he went to see BW and was confined with him for about twenty minutes, after which I was invited in. Neither sat; I don't remember whether or not I did. I was not put at my ease, nor made to feel welcome - I felt I was an irrelevance. I still had my raincoat folded over my arm; such was the extent of the courtesy offered to me. I remained in the room for no more than ten minutes, and can only remember one question or remark. This was to be asked what my greatest concern was, to which I replied that my memory had been so affected that I feared it would not fully return. I was assured that it would - and that was that. Back to the hospital and await the verdict. When it came, I was told that Pertofran and Valium had been recommended, and that the recommendation would be accepted. So began the next phase of my drug regime. I was eventually to take Pertofran for ten years and Valium for twelve.

I don't know whether MC knew, or even guessed, that the letter that he received analysing my consultation had not been written by his Guru. I know now, having read it several times, that it may have been *signed* by BW but was definitely drafted entirely by LW. There is virtually every undermining remark, put-down or sarcasm that he had spoken to me appearing in black and white. This letter, too, has its niche in my surgery file. Therefore, MC was, in reality, relying upon the analysis and opinion of someone effectively of lower standing, and one presumes, less experience than himself.

I recollect when, early in my career, I attended a junior management-training course. One of our group exercises was to conduct a court of enquiry into a site accident. We were given the 'official reports', witness statements and other corroborations that we studied, and then we called and interviewed every one of the parties, admirably role-played by staff of the Training Department. We questioned and re-questioned and then we deliberated and finally reached our conclusion. But where had we gone wrong? What had we missed? Well, I'll tell you. The accident had happened on a day late in November, at 4 pm. It had been *dark!* So obvious when you see it, but it had eluded some eight or so budding young managers. So what relevance does this bit of philosophy have here? Well it concerns the analysis essentially by all three, BW, LW and MC, of the reasons for my loss of memory and my great concern about it. I won't rehearse the reasons given other than to say that the word 'hysterical' appears. Now, can you recollect that earlier, after the

description of E.C.T and the definition quoted from my reference book, I asked you to note a particular sentence? Hands up who can remember. Read: learn: memorise:- *There is considerable criticism of E.C.T because it may produce permanent brain damage, especially losses of memory and intelligence.* How many E.C.Ts had I had? Well done, that's it:- *twenty-three.* I rest my case.

No, I *do not* rest my case. Just where had they come from, these three 'soothsayers' who, each like an ancient Etruscan haruspex, were picking over the entrails of my life and mind? I have related how it came to pass that *I* was suffering this 'disembowelling' process, but how was it that *they* came to have such jurisdiction over my mind, my precious mind? Were they part of a self-selecting, self-perpetuating 'priesthood'?

The next time that Stephen Hawking appears on your television screen, pause a while and reflect upon that contorted body, the twisted face and head; read some of what he has written, and reflect further that this is one of the most brilliant minds of our time contained there in that pathetic shell. When you have done that, see whether you can disagree that one's mind is the most precious of one's possessions. I was in grave danger of losing mine, of having it destroyed; I *know* how precious it is and I defy you to disagree!

Some years after the time of which I am writing and, as I shall relate, I made my way back up the recovery ladder, I was, for a time, in charge of training for the whole of the Sellafield complex. As part of my self-education in this post, I took myself off to a conference at Cambridge organised by a research team who looked at aspects of industrial training. One of the discourses involved someone from the Bristol University Dental School. The school had a problem. Aspiring dentists proceeded into their training for several years before they actually came to grips with a tooth in a mouth. At this stage, it was found that some were so lacking in manual dexterity that they were forced to abandon dentistry and transfer to normal medicine on a parallel course. To minimise the waste involved in this abortive training, the Dental School were working with the researchers to try to devise a simple test of manual competence that could be used to assess aspirants *before* they embarked upon a course for which they were obviously not suited.

Is there, one wonders, an assessment process for aspiring psychiatrists, one that seeks to determine whether *they* have the necessary skills and talents to be allowed access to the most precious possession that anyone can have? Do not treat this as an irrelevance, a hypothetical question, for statistically you are as likely as the next person to have the 'entrails' of *your* mind picked over, to have *your* brain corrupted by some mind-altering drug, potentially with side-effects far worse than many 'conventional' illnesses. I have only, within the last few days, noticed a small letter 'hiding' in one of the files of my records. It is the letter written by MC to BW following receipt of his advice with respect to my further treatment. He thanks BW for his advice and taking the trouble, then goes on:

*'I must both thank you and apologise to you for the trouble you have gone to with the cases I have referred to you during the year I have been over here. They have, I am afraid, run to this sort of pattern and you will appreciate that this is the result both of the difficulties that they present and, I fear, lacunae in my own training.'*

Yes, I have looked it up, just to confirm what I believed the definition to be: a *lacuna* is a gap, omission, hiatus; *lacunae* obviously are these in plural. Imagine what would have been my thoughts had I been aware at the time. I had been a patient for just one year and was, therefore, one of the first patients of the consultancy; there had been other second opinions; had we, by any chance, each fallen through a lacuna?

Let me recap at the end of this 'formative' year in my life. When it began, I had already been taking Librium for two years; I continued for virtually the whole of the year, with a mid-point interval at a double dose rate, before changing to Valium. There had been brief interludes with Tryptizol, Melleril, Nardil and Stelazine; there had been Soneryl, Sonergan, Seconal, Amytal and lastly Mogadon to pacify my nights. I had suffered twenty-three sessions of E.C.T and twenty-six episodes of modified insulin shock treatment. In total, I had received forty-three injections of Pentathol, plus twenty-three each of belladonna and curare derivatives, and now I was going to start on a regimen of Pertofran, Valium and Mogadon. (Dare I ask you to remember that at the very outset, I had no episode or history of nervous or psychiatric ailments - I had uncontrollable diarrhoea, nothing else?).

In time, all good things come to an end and I left hospital and recuperation, and started back at work. My employers were very supportive, and placed me with congenial people in work that was quite undemanding. So slowly I settled. The gradual restructuring of my life began and the building of confidence was real. After a time I was asked to take over Engineering Training and, eventually, the Training Department covering the whole of the establishment. At one time, had I been taken to a high place and, with all of the possible jobs in the Works laid out before me, asked to pick one, the last, the very last choice would have been Training! However, I was more grateful than I could say to the Works' management for the way in which I had been reintegrated into work, and, anyway, it is said that in every Welshman there is a latent preacher or teacher, so maybe I had met my destiny. Many interesting developments were taking place in the world of industrial training and I was soon absorbed.

At home, I found in time that my wife had carried the burden of my condition for too long, and she herself became ill. There came a time when it felt as if we were two drowning people clutching at the same straw. MC, who was aware of what was developing, urged me most strongly one day - "For God's sake, get out - go and camp somewhere,

but get out". And so I did. I took a flat in a converted farmhouse - and by one of those quirks for which fate is so famous, the flat below me was taken simultaneously by the Clinical Psychologist from MC's department.

Once one has separated, it seems to be virtually impossible to reunite and rebuild what had been before, and so, inevitably, my wife and I divorced. In time, I was lucky in finding this house with its land suitable for horses, moved here in 1971 and have lived here ever since. Again, giving the lie to what MC had said about our marriage, it was my former wife who actually was instrumental in my finding it in the first place.

Almost without a break until about 1970 I continued with psychotherapy, although, at the time I wasn't aware that that is what it was, so little did the 'medicine of the mind' figure in one's everyday considerations; all I knew was that it was 'good to talk'. However, coping with a solitary life and the increasing demands of work (ironically, because I became enthusiastic and could see the potential of the new moves in industrial training *I* was placing the demands on myself), because of these factors I found myself 'going backwards' at work. Whereas I had had much support following my initial return to work, and when I took up my role as Training Manager, now I found that patience seemed to have run out, and my absences were seen in a different light. It was not realised, probably wasn't even addressed, that the continuous drug regime was taking a devastating toll of my faculties. I was even now taking Pertofran and Valium, and had recourse to Mogadon at night, so you may perhaps judge that the start of each day was a little uncertain. I had a most marvellous Girl Friday at work, Val, who could look at my eyes first-thing and then decide if she should stall callers until after 10 am. In time, the constant struggle became unbearable, and one day, in late summer 1976, I set out for work and didn't arrive. Instead, I turned off my normal route and took refuge with a friend with whom I holed-up for two days. That, essentially, was the end of my working career. In time I was pensioned off at fifty-two and then a new phase in my life - indeed, a new *life* - began.

But what sort of new life? The very state of not going to work was in itself a new life, and I knew within myself that I had had enough; nothing was worth the growing loss of ability and status, and the struggle to do well things that previously I could have done in my sleep. If I had known how this new life was going to unfold, what would I have thought, what would I have done? But I wasn't yet in the state of mind to ask myself "What am I going to do with this freedom now that I have made my escape?". I was rather more like the survivor of a shipwreck who has only just made it to a shore - he didn't *care* what shore - all he knew was that he wasn't fighting something alien anymore. When I look back at that time, it is quite startling to recall how a new life developed almost by spontaneous combustion. I marvel at the expansion - expansion of my circle of friends, expansion in the range of my activities; activities and contacts that opened up an entirely new world - a world that I hadn't previously explored or even thought much about.

And my spirit? I had never, not since I posed the question in hospital twelve or so years previously, found an answer - never really given it much further thought. Just five more years down the line and I was to have some enlightenment. It was as if in me there was taking place the metamorphosis of a former caterpillar, now in its cocoon, waiting to emerge to make its destined flight. But I knew as little of what was involved in flying as did the caterpillar when it started to spin the silk of its cocoon. All of this lay ahead. I still don't know whether I would have taken a different path - too often in life we never have the option to choose, or never realise that there *is* a choice, until we have committed ourselves. As you read further, perhaps you will have an opinion; for myself, I shall leave the analysis until I reach it in the logic of the narrative. At this moment, I have just been cast up on the shore and I am so grateful that I have survived.