

Postscript

As Veronica's psychiatrist, I have been invited to add a postscript. A reflection on her words, read for the first time yesterday. Words that at times show such transparency and rawness that I was stopped in my tracks. For someone to be so eloquent in describing moments of virtual inaccessibility is like stumbling on a secret room in a familiar building. And to have that given as a narrative over a period of over 20 years contact with someone is a real gift.

So, what are my reflections? Well, most humbling is the reminder of the way fleeting gestures or phrases can resonate years later. None of us knows how 'what we say or do' is experienced by others. We have no control over this. And yet Veronica's account bears witness to how exquisitely sensitive she was to what was going on around her, and the lasting importance of certain words or actions. Indeed, the sensitivity of her antennae and the busyness of her inner world all seemed to be in overdrive at just the time she appeared closed down. The sheer amount of thinking involved in working out what was going on, who could be trusted, what this or that really meant. As a reader I felt the claustrophobia of her situation, the exhaustion of her trying to deal with yet further recurrences of illness. And the contradictions thrown up in her relationships with those caring for her. In illuminating these previously inaccessible corners of her illness experience, she forces me to challenge my own taken-for-granted version of her history. Familiar territory seen from another perspective suddenly seems perturbing.

Most important in this re-evaluation is the way Veronica's life emerges as a full story. Not just of a fight against illness, but a

journey of whimsical childhood memories, shifting family relationships, and hopes and disappointments. A much richer world than can be captured in the psychiatric interview. It sounds morbid, but on the occasions I have attended a patient's funeral, I have always been moved by the glimpse I am given into the other life of that person, the side of them that is too often hidden from view, revealed in the recollections of mourners. As psychiatrists, too often we are drawn into seeing people through a lens of illness, as if this was their only identity.

Veronica's constant dilemma was navigating the difficult edge of both being a nurse, and needing to be nursed. And of at times feeling she was a failed nurse, helped by others who were not failing. The flip needed to achieve this role reversal is not easy, but I think Veronica manages to connect these two worlds very effectively through her advocacy for nurses who have experienced discrimination at work because of mental health problems. She is all too aware of the shadow that prejudice can cast over a health professional's career.

This in a way brings me to reflect on the invisible way power quietly but rather menacingly haunts Veronica's account. In the sense that she is embraced by the instruments of power. The labelling process of doctors, the use of hospital wards as safe places, the legal apparatus that can constrain a person's liberty (although not their rights). All this machinery of state, the result of centuries of discourse about the 'mentally disordered', bearing down on the needs of one emotionally naked individual.

For Veronica, this 'machinery' seemed both a source of security, where retaining a sense of control and autonomy could be negotiated, as well as a focus for small acts of rebellion. And for me, as an agent of the machine, the most important therapeutic value was the fostering of trust. However, the interplay between the power of the machine, and the trust held by a vulnerable individual was to be severely tested by two recurrent events in Veronica's illness. The possibility of having ECT; and the prospect of being detained in hospital under the Mental Health Act.

I hadn't realised it at the time, but clearly for Veronica, any talk about ECT was experienced as an act of terror in a world that at times seemed to be Kafkaesque. And when everyone seemed to be in on it, all persuading her of ECT, the fear and sense of being the victim of a conspiracy is palpable. Such are the unintended consequences of trying to do the best. But clearly there are lessons to learn from Veronica's account. That perhaps such conversations about treatment need to be more contained. But I was moved to hear that Veronica, even at her most non-communicative, felt that she could

influence events, and retain some degree of control. For me, that is the most important thing. For to assume that, as a professional, you always know best, risks trampling on the last threads of selfhood that Veronica was quietly struggling to hang onto. I felt that by supporting her to take judgement calls, even as she was on the edge of losing the capacity to take decisions, was a way of trusting her. And as she herself points out, being trusted by others is an important part of restoring and maintaining identity and self-respect.

And the Mental Health Act? I shrank in horror at the way Veronica experienced this as coercion, against all my principles of fostering free choice. But in truth, the Mental Health Act is always there, a backstage presence, with a power that can invoke a dark mythology in the minds of patients who converse on our wards. It is the tooth and claw of the machine, albeit with beneficent intent (although this is not true of all cultures). And achieving that balance between respecting someone's autonomy, and yet sometimes having to take over decision making is never easy. For a patient, knowing that the consequences of saying no could result in a Mental Health Act assessment can feel intimidating. For as much as it is sensitively explained as the natural consequence of decisions made by the patient, it may be heard as a threat, a form of arm-twisting to do what the doctor wants. So it is informative for psychiatrists to hear Veronica's voice on this.

I suppose finally I am left feeling enormous admiration for an individual who has struggled for so long to master such a malignant depressive disease, yet who has retained hope, and kept open a future for herself. She has always fought to maintain control, never finally submitting to the slavery of illness. And the most recent evidence of this is her tenacity and feistiness in taking a stand on behalf of those working in the health field who experience prejudice when they develop mental health problems. We are all tested in different ways, but to be tested by recurrent severe depression is a burden of a particularly invasive kind. To repeatedly survive it and furthermore to benefit others by taking a stand requires considerable courage.

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