

A Doctor's Personal Experience

DEAR SIR,

'Mental pain is less dramatic than physical pain, but it is more common and also more hard to bear. The frequent attempt to conceal mental pain also increases the burden; it is easier to say 'my tooth is aching' than to say 'my heart is broken.' So said C. S. Lewis, and my personal and humbling experience goes to prove the absolute truth of his words.

Nothing less than hospital admission met my need. I was fortunate in that a private health insurance allowed me to have a room to myself; and, even more fortunately for me, the psychiatrist in charge believed in ECT. This was no ordeal, except in watching the dead faces of others in the anteroom, and after four treatments I was able to consider my case impartially—as I thought. Still I was overwhelmed with horror to consider the possibility of twenty more years of life without laughter, without work, without memory, without the wish to read, and with the knowledge that nobody can love a depressed nonentity for very long.

Now that my memory, my zest for life, my love of laughter, beauty and family have returned and I am amongst my patients again, I would beg all psychiatrists and their staff to observe some guidelines to help depressives in general.

Keep telling them over and over that they *will* be better and probably within two years they will be back to their personal normality. The more often and convincingly this is said the sooner will the depressive be released from the slough of despond.

When you prescribe drugs, explain their possible side-effects and mode of action. Having to cope with a dry mouth tasting like the bottom of a birdcage, coupled with marked tinnitus, does not get one off to a pleasant start to the day.

When you say 'How are you?', listen to the answer.

Beware of the patient-cum-doctor who knows too well what to conceal, has made an alarming self-diagnosis and has written his or her life off as wasted or doomed.

When a drug has been given a fair trial period, do believe the taker who asserts it is doing no good whatsoever and change it.

If six months sick leave is indicated, order it first rather than last, as depressives tend to be of the over-conscientious and hard-working type.

Patients (especially doctors) must also assist their recovery by obeying instructions.

Families play a most important role: they can provide routine mindless jobs like ironing, digging and washing-up, thereby making the depressed one feel wanted and needed, however unlike their usual self they may feel and behave.

Colleagues and friends can give courage and self-confidence by behaving towards the depressed as John Wayne's friends did towards him. Recognize an enemy for what he is and you can defeat him. Cancer of the body calls out the best in those in contact with patients, but cancer of the mind is still despised and rejected by men—mainly because there is so much still to be learnt about causation, treatment and tender loving care.

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The College

'MARRIAGE MATTERS'

The College's Comments

In 1975 the Home Office and the DHSS set up a joint Working Party to consider marriage guidance and cognate matters. The Working Party's Report was published last year as a Consultative Document under the above title, and the College was invited to submit its comments. The following observations, which have been approved, were drafted by a small Working Party of the Psychotherapy Section. A few explanatory paragraphs have been added.

In general the Report provides a valuable historical review of marriage and marital disharmony. It recognizes the

importance of marital disharmony as a source of stress, and points out the need to remedy such disorders and their psychological sequels.

The College agrees that there should be a 'variety of doors to help on which individuals can choose to knock'. There is therefore a need for high ethical standards and for training of all workers in the field.

Payment should be made to marriage guidance counsellors, but this should not involve the creation of a new profession.