


19. To mitigate risk of harm, efforts should be made to use the least restrictive and intrusive means. Involuntary psychiatric admission for the purpose of infectious disease control may be warranted if there is a probable cause between a person's behaviour (inability to self-isolate) and their mental disorder, and other efforts to support the individual feasibly in the community have been exhausted. While the COVID-19 pandemic presents challenges, it also presents opportunities for creative solutions and advocacy efforts for the social determinants of health for patients.

Saadia Sediqzadah , MD, SM, Department of Psychiatry, St Michael's Hospital, Toronto; Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto; and Department of Psychiatry, University of Toronto, Canada; **Lwam Ghebrehariat**, JD, MD, Department of Psychiatry, University of Toronto, Canada; **Kristen T. Weersink**, MD, MSc, Department of Emergency Medicine, St Michael's Hospital, Toronto; and Department of Psychiatry, University of Toronto, Canada; **David N. Fisman**, MD, MPH, Dalla Lana School of Public Health, University of Toronto, Canada; **Kendra A. Naidoo**, JD, Centre for Addiction and Mental Health, Toronto, Canada

Correspondence: Saadia Sediqzadah. Email: saadia.sediqzadah@mail.utoronto.ca

First received 18 Jul 2020, final revision 2 May 2021, accepted 14 Jun 2021

work. All authors revised the work critically for important intellectual content. All authors provided final approval of the submission and are in agreement to be accountable for all aspects of the work for accuracy and integrity.

Funding

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

None.

References

- Williamson EJ, Walker AJ, Bhaskara K, Bacon S, Bates C, Morton CE, et al. Factors associated with COVID-19-related death using OpenSAFELY. *Nature* 2020; **584**: 430–6.
- Nemani K, Li C, Olsson M, Blessing EM, Razavian N, Chen J, et al. Association of psychiatric disorders with mortality among patients with COVID-19. *JAMA Psychiatry* 2021; **78**: 380–6.
- Monaghan S. *The State of Communicable Disease Law*. Nuffield Trust, 2002 (<https://www.nuffieldtrust.org.uk/files/2017-01/state-of-communicable-disease-law-web-final.pdf>).

Author contributions

All authors meet ICJME criteria for authorship. S.S., L.G., K.T.W., D.N.F. and K.N. all made substantial contributions to the conception and design of the work. S.S. and K.N. drafted the



psychiatry in literature

Thomas Hoccleve's *Complainte*

Andrew F. Tarbuck 

In 1416, Thomas Hoccleve (c. 1368–1426) experienced an episode of severe mental illness. A clerk in the Office of the Privy Seal, he was also a key figure in 15th-century English literature: a court poet with close links to Chaucer. He recovered, but experienced significant ongoing stigmatisation, which dramatically affected his ability to work. In 1421–1422, Hoccleve directly addressed these issues in his poems *My Complainte* and *A Dialogue*. The earliest autobiographical descriptions of mental illness in English, they provide a deeply personal and affecting picture of the social consequences of his condition and demonstrate astonishing introspection and psychological understanding.

In *My Complainte*, Hoccleve describes briefly how others perceived him during the illness that 'me oute of mysilfe caste and threwe'. He was seen as violent, restless and agitated; unable to converse sensibly. He made a relatively rapid recovery and remained well over the subsequent 5 years. However, those around him would not understand or accept this. Ostracised and shunned, he describes avoiding company, afraid he might say or do something that might be taken as a sign of relapse. He becomes increasingly anxious and introspective, checking in a mirror that he appears 'normal'. His isolation increases feelings of depression and anxiety, but also makes him angry and impatient. He realises that by remaining out of sight, people will speculate that he is hiding 'and am warse than I am'. Thomas comes to the conclusion that the only reliable way in which he can demonstrate his recovery is by conversing with them ('By commvnyng is the beste assay').

Having read Isidore of Seville's *Synonyma*, in which a personification of Reason comforts and advises a grieving man, Thomas realises that he must fight back and place less importance on the views of others. Although he cannot stop other people's gossip, he can take control and re-establish himself in society and as an author. To do this successfully, he has to convince his readers of his recovery, which he achieves in *A Dialogue*. Through discussions with a visitor, he argues that nobody can understand someone else as well as that person himself ('he lyueth nat þat can knowe how it standith with another wight so wel as himself'). Thomas convinces his friend that he is fully recovered and can again be considered a reliable author.

In these poems Hoccleve demonstrates remarkable depth and complexity of thought regarding the social and psychological sequelae of mental illness, the nature of the self and the assessment of others. His ability to see himself as both subject and object, to separate mind from body and to understand that his perception might be distorted by his mental state are far removed from the commonly held views about medieval concepts of insanity and anticipate Descartes by over 200 years. His self-management techniques include bibliotherapy, mindfulness and cognitive reframing and provide inspirational evidence of how he was able to overcome the social consequences of mental illness.

© The Author(s), 2021. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists

The British Journal of Psychiatry (2021)
219, 577. doi: 10.1192/bjp.2021.86