

Introduction

I started to write this book about six years ago, when I went on a short trip to South America with my partner. He was working, and for the first time in many years I had nothing to do. It just poured out, a chapter a day, and, in the evenings, we talked with each other about what had happened in the early days of our marriage, and afterwards.

This is a book about mental illness, something I have experienced as both a patient and a doctor. After experiencing severe mental illness myself, I went on to train as a psychiatrist. Mental illness is why it was written, but, of course, it is only one person's story. Mental illness is highly prevalent, but there are many different mental illnesses, and very many different people.

My story is, perhaps, unusual in that I was interested in psychiatry even as a medical student. But I learnt what it was like to be a patient, an in-patient on a psychiatric ward, before I learnt to become a psychiatrist. I always felt different, stigmatised, even, following this oddly inverted route. As a patient, I experienced diagnoses and treatment, and saw others experience them too; later, I tried to understand them, as a doctor and a psychiatrist. I have had, and continue to have, many different medications, and even electroconvulsive therapy (ECT), and struggle with both the stigma and the benefits.

I have been a psychiatric patient for more than thirty years, a psychiatrist for slightly less. I have a diagnosis of bipolar

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disorder, and I don't think this will go away, although I am lucky that treatment keeps me well much of the time. I am also a mother, who experienced loss and perinatal mental illness. The desire to be a mother and the feelings of grief when it went wrong were hard to bear and even acknowledge, and sometimes I think these changed me more than anything.

I hope my story may be of interest to some, and, even more, of comfort to others. Being able to write and talk about my illness and experiences, in the context of being a mother, wife, friend, and doctor, has brought me great solace over the years.

The memories recounted in this memoir are my own and may be affected by the passage of time as well as by the experiences described, so may not be wholly accurate.

Some names have been changed.

Prologue

1990s, Royal Edinburgh Hospital

I sit in a grey psychiatric ward where nothing happens. From the window I see a tall stone wall and a few autumn-coloured trees, just starting to drop their leaves. Inside, the ward is tired and uncared for, and the smell of stale food hangs in the air. My clothes are loose, and my hair straggles past my shoulders. I don't want to be here, but there is nowhere else I want to be. I want to be the person I was before I came to this place. I can't speak, I can't even think. I can't find the words.

The ward is long and grey, with rooms on either side, most with six beds, all surrounded by faded curtains. There is a grimy, sweaty smell, partially masked by disinfectant. I lie on my bed inside my curtains, willing the time to pass. There is so much time here, and all of it is thick and empty. I can't stay here anymore, so I go into the corridor and pace, up and down, up and down. There is another patient who paces, but we don't speak to each other. I catch the eye of yet another, who glares at me, and hisses, 'I'm a person too, you know.'

There are nurses here, but they don't wear uniforms. I can't read the names on their badges, and I can't remember who they are. Some patients have a nurse with them at all times, and I wonder why. One patient has a nurse who goes everywhere with them, even into the toilet. I am frightened by this – what could they possibly have done that they need this? Is it to protect them, or to protect the rest of us?

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The nurses don't talk to me much, but perhaps this is because I don't talk to them. I'm not surprised, as there is nothing to say. What do they think while they watch me? My thoughts crawl fearfully round the room, but they can't see them. They think I am the same as all the others. They are wrong. Or perhaps they are right.

Later, on that same ward, when I am sitting doing nothing again, I see a group of visiting doctors, people who had been in my year at medical school. They are psychiatrists, and don't expect to see me. I see sudden surprise and pity, and most of all embarrassment. I'm not a person anymore, and I'm definitely not a doctor. I'm a patient, a psychiatric patient. I feel the bitterest shame at my continuing existence and want only not to be myself. Each bit of me, my voice, my skin, my space – they are all repulsive to me. The realisation that I cannot leave myself, that I must suffer every long moment here, is something that I can hardly bear.

They know that I am a doctor, although not that I wanted to be a psychiatrist. It is laughable now, and I knew this the first time I stepped into this ward. It will never happen now.

In the evening I follow the others to get our drugs. We are a sorry queue, shuffling and sad. The pills we take look small and clean; different colours for different people dropped into a plastic cup. Some want them, crave the rest that they can give. Some, like me, dread them. They dull and numb, they make me bloated, they constipate, and, worst of all, they don't work.

The doctors tell me I must have electroconvulsive therapy (ECT). They tell me that this will cure my depression and that there are few side effects. They say that I can refuse, but I don't believe them. I go with a nurse, down long corridors to a door, with ECT suite written above it. The nurse holds my glasses, and everything is a blur, adding to the fear. I can't remember

PROLOGUE: 1990S, ROYAL EDINBURGH HOSPITAL

much more, as ECT wipes much of my memory from that time. I don't know how many times I go there. But every time I go back to the ward, all I want is to be somewhere else. My mind is empty, but little curls of worry whisper round the edges.

As soon as they allow me to go home, I leave. I wait for my discharge drugs with frustration, such is my need to get away. In the end they let me go, down another long corridor, this time pink and exposed, to pick them up myself, and then we go.

I go home with my husband, and we feel such relief that I am no longer in that place, that I am no longer having that treatment. The days are less grey, almost sunny. I stop taking my pills, because I never was ill, and the side effects are intolerable. I don't want to be a psychiatric patient. Life feels hopeful. But, as the days pass, things change. My fears return; I know that something bad will happen. I can't cope with looking after my daughter, and the old feeling of dread starts to build. I don't eat and sleep eludes me, and soon I am back there. I am a revolving door patient.

I see the look of pity in my husband's eyes where there used to be love. What is pity but a reminder of lost joys? I live in the anguish of false hopes, the fear of never getting better. And I am angry and bitter; illness does not make me nice. Depression is selfish, and so am I. I talk of little else – what is wrong with me? What future will I have now? What hope is there?

I sit in that grey ward and have no idea.

This is my story about becoming a doctor and then a psychiatrist. But it tells another story interwoven with the first, one of becoming a patient with a severe mental illness. I was admitted to hospital repeatedly, unable to work, or, more importantly, care for my baby in the first years of her life.

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And there is a further story, about the pain of illness and the joy of recovery for both me and my family. Against the odds and against advice, I became a psychiatrist myself, one who continues to work and live with mental illness, and who has tried to reflect and share these experiences to help others.

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CHAPTER 1

A Medical Student

I was born in London in the late sixties, a first child to youthful parents. I entered the world left foot first, inadvisable even for a breech birth, and my brother followed fast on my heels the following year. It was a bold start to a conventional childhood.

My father was a scientist and my mother a teacher, and academic prowess was valued and expected in our family. When I was just two years old we moved north to Glasgow for my father's work, rather to my mother's chagrin. It is fair to say that the Glasgow of the seventies was not the cosmopolitan place it is now, and my mother made a bargain with my father: they would stay for no longer than five years. In fact, they never left. My mother initially tried to instil in my brother and me the belief that it was good to be English, but I soon learnt that promoting your own Englishness is not a good way to get through a Glaswegian school. I am perhaps not entirely Scottish, but I am definitely not English, and Scotland is my home.

I did well at school, and my mother considered medicine to be the only sensible option. I wanted to study history, or English literature, but she firmly discouraged this. 'You're a good all-rounder, you don't want to do that,' she said. 'You'll end up a teacher, like me. Much better to do medicine.' It wasn't negotiable. I look back now and still wonder why I couldn't defy my mother, but I had never been able to risk her anger or her certainty about what I should do, or not do. She had wanted to study medicine herself, but her father

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would not allow it, which may have influenced her ambitions for me. I don't know if I regret it now or not.

But I did what was expected and went east to Edinburgh, sunlit, grey, and beautiful. I was young, still only seventeen and technically underage, but identification was rarely sought then in student hostels, and youth was not an immediate problem. In my first year, I was fortunate to live in student accommodation on the Royal Mile, in a building surrounding a courtyard, leaning down towards old Edinburgh and the Grassmarket. On the other side, it opened right out onto the Mound, with views stretching across the New Town, as far as Fife on a good day, when the colours were clear, and the air sharp. All around was a feeling of academic endeavour and romance, but reality soon proved different.

At the time when I studied medicine, the first year was dominated by anatomy. We proudly wore white coats and had dissection kits; we also had bags of bones to help us learn their bumps and insertions. Despite our best efforts with soap, the smell of the anatomy room lingered on our clothes; we wandered the streets like pale young ghosts in a fog of formalin, perhaps rather fitting for old Edinburgh.

I was shocked by it all. I had never even dissected a frog, and suddenly, on the first day, we were expected to start dissecting a human body. Six students were allocated to each one, and he or she was kept in formalin-soaked cloth wrappings throughout the year, as we worked our way through the systems. We started on the upper limb, which was bad enough, but seeing a leg being carried over to the sink underneath someone's arm was almost too much for me. My capacity to be horrified was whittled away during that year by exposure to far too much dead flesh.

I never could think about our 'body' as a person, though, and I didn't want to. I couldn't imagine him as someone who had talked and loved and eaten, and, curiously, I never once

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thought of him as having a name. I was never aware of any disrespect, but to us those faded corpses were no longer people. I think we became numbed too soon to death.

Some of the teaching approaches were bizarre. The anatomy lecture theatre, where we went each morning at nine o'clock, was a lofty building with hard wooden seats. One lecturer in particular talked rapidly and maniacally, layering his chalky diagrams to the point of incomprehensibility, and referring frequently to 'my favourite pretty orange colour!' I did badly in the early exams, which consisted of specimens laid out around a room, requiring rapid and detailed identification, and I felt labelled, from then on, as stupid.

This labelling was at least partly of my own doing. 'I think I'm just stupid,' I snivelled to one of my more confident friends. 'I can't do it, it's too hard.'

He looked at me in surprise. His exam results were no better than mine. 'You just need to turn your mind off to learn all this stuff,' he said kindly. 'Don't worry about it.' He seemed to achieve this with ease and quite a lot of beer.

The following year we moved on to neuroanatomy. We shared a brain between two students (I realise how that sounds), and I found memorising all the barely discernible nuclei and pathways even harder than the previous year's work. Our brain had a soft cheesy texture and was unexpectedly heavy – it was very difficult to imagine the head that had once encased it, and I didn't try. I knew I was never going to shine at these subjects, and it was a relief to me when the first two years were finished and passed by the skin of my teeth.

Once the torments of anatomy were over, the next three years of medical school were largely made up of clinical attachments, both on wards and in GP practices. It was difficult being a student in these circumstances, as we were often the spare parts, with no clear role. We also had to look smart. As girls, we had to wear skirts in those days, never trousers,

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with obligatory white coats worn over, these ones fortunately cleaner than our dissecting drapes.

I had decided early on that I wanted to do psychiatry, as it was the only medical specialty that really roused my curiosity. I wanted to understand why people said and did things. I wanted to know why minds went wrong, and I had enjoyed psychology more than any other of the science subjects I had studied. In third year we had weekly psychiatry tutorials; it was all very different from medicine and surgery, with much more of the focus on talking to patients, taking a history, and trying to understand their mental state. I never remember a time when I wanted to do anything else, despite my early struggles with neuroanatomy, which was admittedly relevant to the brain and mind. I spent some of my fourth-year elective on a psychiatric ward with an older consultant, who encouraged me to read Szasz, author of the 1961 book, *The Myth of Mental Illness*. The patients had quite a prominent voice on that ward, and I remember sitting in group psychotherapeutic sessions and hearing them talk and finding it fascinating.

At the end of my fourth year, I had two formal ward attachments in psychiatry. In the first, I was attached to a rather small unit; it was a bit disappointing in that there were very few patients, but I did my best to see some of them, including a young girl of a similar age to me. She had just been admitted with a first episode psychosis, a severe illness when people experience hallucinations and can lose touch with reality. Some recover fully, but others will go on to develop schizophrenia, and early treatment is important. I spent some time with her. She was hunched on her bed, looking past me at times, but seemed to want to talk.

‘I can hear them,’ she said.

‘What do you mean?’ I asked curiously. I had no idea what questions to ask, despite the previous year’s tutorials. We learnt the structure but not the reality; that takes practice.